Colorado Division of Professions and Occupations
Office of Licensing—Funeral Home and Crematory Registration
1560 Broadway, Suite 1350
Denver, CO 80202
Phone: (303) 894-7800 / Fax: (303) 894-7693
www.dora.colorado.gov/professions

APPLICATION FOR REINSTATEMENT—CREMATORY

APPLICANT INSTRUCTIONS

Mandatory Practice Act. Colorado has a mandatory practice act, which means that you may not practice as a Crematory in this state without a Colorado registration. Submission of this application does not guarantee registration. Therefore, do not make life or career decisions based on the probability that you may receive a registration. Plan ahead for the time it will take for us to receive all required documents and complete our evaluation.

Basic Requirements. Requirements for registration are outlined in the Colorado Revised Statutes, specifically 12-54-110, and the rules and regulations of the Office of Funeral Home and Crematory Registration. Both are available online at www.dora.colorado.gov/professions/funeralhomescrematories.

About the Application. This application is to be completed by you and returned to the Office of Licensing. All questions on the application are mandatory, and all supporting documents must be submitted with the application. You may copy as many forms as needed; however, each form submitted must be completed in original ink or typed. Keep a copy of the completed application for your records.

Application Expiration. Your application will be kept on file for one (1) year from date of receipt in the Division. Your file and all supporting documentation will be purged if you do not submit the required documents and complete your application process in one year. You will need to resubmit a new application packet and fee after that time.

Registration Expiration Grace Period for Applicants. All applicants who are issued registration within 120 days of the upcoming renewal expiration date will be issued registration with the subsequent expiration date. For example, a registration issued between August 1, 2012 and November 30, 2012 will reflect a registration expiration date of November 30, 2013. A registration issued prior to August 1, 2012 will reflect an expiration date of November 30, 2012 and must renew in the upcoming renewal period.

- All Colorado Funeral Home and Crematory registrations expire on November 30 every year and must be renewed to continue practicing.

Disclosure of Addresses. Consistent with Colorado law, all addresses and phone numbers on record with the Division are public record and must be provided to the public when requested. It is your responsibility to keep your address, phone numbers, and contact information up-to-date in our database. All letters, renewal notices, and registrations are mailed to the last known address of record. **If your address is not current, it is possible you will not receive important documents.** You can change your address online by using Online Services at www.dora.colorado.gov/professions/onlineservices.

Checking Your Application Status. Visit Online Services at www.dora.colorado.gov/professions/onlineservices to track your application from the date we log it in our database to the date your license is printed. Please allow us enough time to receive the application through the mail and enter your application into our database before you check the website. We recommend waiting at least 10 business days from date of mailing before checking the status of your application.

APPLICANT CHECKLIST

1. **If there are multiple Crematory businesses at one address, only one application per address is required.**
2. **Crematories that offer funeral goods and services but contract out the funeral services only need to register as a Crematory.**
3. **If you offer and provide both Funeral and Crematory services at one address, separate applications will be required for each Funeral Home business(es) and Crematory business(es).**

☐ **Submit a completed application and supporting documentation if required**. Return the completed application and all supporting documentation to the Office of Licensing.

☐ **Enclose the non-refundable application processing fee.** See page 1 of the application form for current fees. Fees may be paid by a check or money order drawn in U.S. dollars on a U.S. bank and made payable to the *State of Colorado.* All fees are **non-refundable** and subject to change every July 1.

☐ **Submit a completed Appointed Designee Affidavit.** The Designee must be the same if multiple Crematory businesses are located at the same address.

Return your completed application packet and all supporting documentation to:

Division of Professions and Occupations
Office of Licensing—Funeral Home and Crematory Registration
1560 Broadway, Suite 1350
Denver, CO 80202

Dora
Department of Regulatory Agencies

IMPORTANT NOTICE

TO: All Applicants

FROM: Director of the Division of Professions and Occupations

SUBJECT: Licensure and Criminal History

Thank you for your interest in becoming a licensed* professional within the Division of Professions and Occupations. Before you submit your application, please be aware of a few facts regarding criminal conduct, convictions, and disciplinary actions in other states.

The mission of the Division of Professions and Occupations is “public protection through effective licensure and enforcement.” One way the Division safeguards consumers is by issuing licenses to fully qualified, competent, and ethical applicants.

During the licensing process – and depending on the specific application – the Division will ask whether you have ever been disciplined in any state, arrested, charged, convicted, or pled guilty to a crime. An arrest, subsequent criminal conviction, or disciplinary action is not an automatic disqualification from licensure. Instead, the appropriate board or program will look at the facts surrounding the criminal conduct and disciplinary action to determine whether you are fit for licensure. You should know that licensure is a privilege, not a right. One thing you must do to obtain the privilege is to be completely honest on your application.

Be sure to list all relevant complaints, disciplinary actions, arrests, charges, or convictions in response to the licensure questions. Failure to fully disclose could constitute grounds alone for denial of your application or revocation of your license. More important, avoid some of the common excuses we have heard from people who failed to disclose, such as:

- My attorney told me I didn’t have to disclose the criminal conduct or disciplinary actions.
- I didn’t think the prior conduct had anything to do with the profession.
- I didn’t think the disciplinary action, arrest, charges, or conviction was still on my record.
- I didn’t think it was subject to disclosure because I received a deferred sentence/judgment.

Remember, there is no excuse not to disclose disciplinary actions and criminal conduct. Even after licensure, you are still required to notify your professional licensing board or program about subsequent convictions and disciplinary actions in other states.

The Division conducts audits of its licensing database against several criminal and national disciplinary databases. This allows the Division to verify the truthfulness of your application and track subsequent criminal and disciplinary conduct after initial licensure. Keep in mind, you will not necessarily be revoked or denied a license if you have been disciplined, arrested, charged or convicted, but you will most likely be denied or revoked if you fail to disclose it.

**The word "license" is used as a general term. While most of the professions and occupations are licensed, others may be registered, certified, or listed. For precise terminology and requirements related to a profession or occupation, please consult the website of the appropriate board or program.*

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Fax 303.894.7693 www.dora.colorado.gov/professions V/TDD 711

Consumer Protection

Division of Professions and Occupations
Office of Licensing–Funeral Home and Crematory
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www.dora.colorado.gov/professions

Reinstatement Application
CREMATORY
Fee: $203

The content of this application must not be changed. If the content is changed, the applicant may be referred to the Colorado State Attorney General's Office for violation of Colorado law.

Fees may be paid by check or money order drawn in U.S. dollars on a U.S. bank and made payable to *State of Colorado*.

Colorado Crematory Registration Number: _____ **Expiration Date:** _____

PART 1—CREMATORY INFORMATION

Business Name:

► If multiple businesses are operating at the same address, complete the attached **Funeral Home/Crematory Multiple Businesses at the Same Address** form.

2. Date Funeral Home Began Doing Business:	**3. Federal Employer Identification Number (FEIN):**

Business Address: Street & Number City State Zip Code

Daytime Telephone Number: ( )	**E-mail Address:**

Services Provided:

- ☐ Refrigerating or holding human remains
- ☐ Transporting human remains to or from the funeral establishment/crematory or the place of final disposition
- ☐ Providing funeral goods or services to the public
- ☐ Cremating human remains

PART 2—BUSINESS LICENSING INFORMATION

1. Since the date your Colorado registration expired, have you operated as a Funeral Home or Crematory in the state of Colorado? ☐ YES ☐ NO

2. List each state or country in which you are or have ever been registered or licensed as a Funeral Home or Crematory (if needed, attach an additional sheet using the same format). If not applicable, enter N/A.

State	Registration/License Number	Year registration/ license issued	Disciplinary action against registration/license?	Is this registration/license current/active?
			☐ YES ☐ NO	☐ YES ☐ NO
			☐ YES ☐ NO	☐ YES ☐ NO
			☐ YES ☐ NO	☐ YES ☐ NO

PART 3—APPOINTED DESIGNEE INFORMATION

1. **Appointed Designee**: This is the person who must ensure compliance with the registration laws associated with funeral homes and crematories; require that all employees comply with the requirements of the title protection provisions of the practice act pursuant to C.R.S. 12-54-111; and maintain records to demonstrate such compliance. **Complete the attached Crematory Appointed Designee Affidavit**.

Name: Last	First	Middle	Suffix
Title:	**Telephone Number**: ( )		

2. Do you understand that the Crematory must notify the Office of Licensing within 30 days after appointing a new designee? ☐ YES ☐NO

3. List each state or country in which you are or have ever been registered or licensed with a Funeral Home or Crematory (if needed, attach an additional sheet using the same format). If not applicable, enter N/A.

State	Registration/License Number	Year registration/ license issued	Disciplinary action against registration/license?	Is this registration/license current/active?
			☐ YES ☐ NO	☐ YES ☐ NO
			☐ YES ☐ NO	☐ YES ☐ NO
			☐ YES ☐ NO	☐ YES ☐ NO

4. List all additional Funeral Homes and Crematories for which you are the Appointed Designee (if needed, attach an additional sheet using the same format). If not applicable, enter N/A.

Business Name:

Business Address: Street & Number:

City, State, Zip:

Business Name:

Business Address: Street & Number:

City, State, Zip:

Business Name:

Business Address: Street & Number:

City, State, Zip:

Business Name:

Business Address: Street & Number:

Business Name:

Business Address: Street & Number:

City, State, Zip:

PART 4—SCREENING QUESTIONS

You must provide the following for each "YES" response to the screening questions below:

- An explanation, signed and dated by you, of your behavior or practice that led to the occurrence, including:
  - Date(s) of event/offense
  - Description of event/offense
  - Location/court
  - Current status/outcome.

You may be required to provide the following:

- Copies of legal documents relating to the event/offense
- Copies of legal documents indicating your compliance with any requirements imposed upon you.

1. Have you been convicted of a crime that, if committed in this state, would be a felony related to any activity regulated under the mortuary science code or a felony involving moral turpitude*?

   a. Designee ☐ YES ☐ NO

   b. Business ☐ YES ☐ NO

*** Examples of felonies involving moral turpitude** would include, but are not limited to, felonies involving assault, menacing, unlawful sexual behavior, arson, theft, trespass, criminal mischief, fraud, computer crime, domestic violence, wrongs to children, wrongs to at-risk adults, prostitution, indecent exposure, criminal invasion of privacy; any felony committed intentionally, knowingly, or recklessly that involves violence, coercion, threats, cruelty, fraud, deception, or deprivation of legally recognized rights; and any conspiracy, solicitation, or criminal attempt to commit any of the aforementioned offenses, or participation as an accessory to any of the aforementioned offenses.

2. Have you had a registration or licensure as a Funeral Home or Crematory denied, suspended, revoked, or had renewal refused, in any state?

   a. Designee ☐ YES ☐ NO

   b. Business ☐ YES ☐ NO

ATTESTATION

I state under penalty of perjury in the second degree, as defined in C.R.S. 18-8-503, that the information contained in this application is true and correct to the best of my knowledge. In accordance with C.R.S. 18-8-501(2)(a)(I), false statements made herein are punishable by law and may constitute violation of the practice act.

THIS APPLICATION COMPLETED BY:

Signature of Designee: _____ **Date:** _____

Print Name: _____

CREMATORY APPOINTED DESIGNEE AFFIDAVIT

Business Name: _____

Designee Name: _____
Last First Middle Suffix

Address: _____
PO Box, Street City State Zip

I, _____, certify the following:

1. I am at least eighteen (18) years of age.
2. I have at least two years experience working for a Crematory:

   ☐ YES ☐ NO
3. I am employed by the business designated above.
4. I have the authority within the business organization to require that personnel comply with Title 12, Article 54, C.R.S.

   ☐ YES ☐ NO
5. I am not designated for more than one **funeral home/crematory** unless the additional **funeral home/crematory** is operated under common ownership and management and no **funeral home/crematory** is more than 60 miles from another **funeral home/crematory** held under the same ownership conditions.

   ☐ YES ☐ NO

I state under penalty of perjury in the second degree, as defined in C.R.S. 18-8-503, that the information contained in this application is true and correct to the best of my knowledge. In accordance with C.R.S. 18-8-501(2)(a)(I), false statements made herein are punishable by law and may constitute violation of the practice act.

Signature: _____ **Date:** _____

FUNERAL HOME/CREMATORY MULTIPLE BUSINESSES AT THE SAME ADDRESS

List the name(s) of the additional business(es) that you may be operating at the same address as well as the services provided by that business. If needed, attach an additional sheet using the same format.

1. BUSINESS NAME:_____

SERVICES PROVIDED:

- ☐ **Refrigerating or holding human remains**
- ☐ **Transporting human remains to or from the funeral establishment/crematory or the place of final disposition**
- ☐ **Providing funeral goods or services to the public**
- ☐ **Embalming human remains (Funeral Home only)**
- ☐ **Cremating human remains (Crematory only)**

2. BUSINESS NAME:_____

SERVICES PROVIDED:

- ☐ **Refrigerating or holding human remains**
- ☐ **Transporting human remains to or from the funeral establishment/crematory or the place of final disposition**
- ☐ **Providing funeral goods or services to the public**
- ☐ **Embalming human remains (Funeral Home only)**
- ☐ **Cremating human remains (Crematory only)**

3. BUSINESS NAME:_____

SERVICES PROVIDED:

- ☐ **Refrigerating or holding human remains**
- ☐ **Transporting human remains to or from the funeral establishment/crematory or the place of final disposition**
- ☐ **Providing funeral goods or services to the public**
- ☐ **Embalming human remains (Funeral Home only)**
- ☐ **Cremating human remains (Crematory only)**