



Final Disposition of Human Remains Permit Renewal

Renew your Cremated Human Remains Disposition Permit.

Renew online at: <https://professions.dol.wa.gov>

Or mail this completed form and any required attachments with a check or money order (payable to the Department of Licensing) for the **\$47 renewal fee** to:

**Funeral and Cemetery Board
Department of Licensing
PO Box 35001
Seattle, WA 98124-3401**



For questions or language help call: 360-664-1822

Licenses are available for self-printing with an online account.

If you want us to print and mail your license add a \$5 print fee for each copy to your payment.

\$0 self-print license online.

\$5 each. DOL print and mail license. Quantity _____ Total \$ _____

Applicant information

TYPE or PRINT Applicant name			
License number		UBI/UBI Business ID/UBI Location ID (16 digits)	
Mailing address			
City		State	ZIP code
Physical business address (if a business)			
City		State	ZIP code
10-digit phone number		Email	
Answer the following During the previous calendar year, this company performed _____ dispositions of cremated remains by: (check all that apply) Air Boat Other _____			

Legal background

Answer the following		
Answer the questions below. If you answer "Yes," attach a detailed explanation.		
1. Within the last 5 years, in this state or any other jurisdiction, has the business entity, any business owners, or any persons with controlling interest in this business had any action (fine, suspension, revocation, censure, surrender, etc.) taken against any professional or occupational license, certification, or permit?	Yes	No
2. Within the last 5 years, in this state or any other jurisdiction, has the business entity, any business owners, or any persons with controlling interest in this business defaulted, or been convicted of, or entered a plea of no contest to a gross misdemeanor or felony crime? (Don't include traffic convictions.)	Yes	No

I declare under penalty of perjury under the law of Washington that the foregoing is true and correct.

Date and place	TYPE or PRINT Name X Signature
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Providing any false information in this application may be cause for denial, suspension, or revocation of your professional license in the State of Washington.