WASHINGTON STATE DEPARTMENT OF LICENSING

Cemetery Certificate of Authority Application

[redacted]

Apply for the authority to operate a cemetery.

Online: https://professions.dol.wa.gov

Or mail this completed form and any required attachments with a check or money order, payable to Department of Licensing for **$405**, to:

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

21702-APPLICATIONS

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 to your payment a $5 print fee for each copy.

☐ $0 self-print license online

☐ $5 each. DOL print and mail license. Quantity_____ Total $_____

- This application must be completed by the applicant or registered agent of the corporation involved, and the signature of the applicant or registered agent must be verified by a notary.
- The applicant is the principal owner. If no single individual is the principal owner, then the chief executive officer of the corporation should be the applicant. The applicant should be a stockholding person. In the event that a holding company owns all or a majority of the stock, the chief executive or principal stockholder of the holding company should be named.

Applicant

TYPE or PRINT Name *(Last, First, Middle initial)*

Email

Military? *(check if applicable)*

Current or former: ☐ Military member ☐ Military spouse or domestic partner

For Service members and their spouses: When a Service member and their spouse must move due to Military orders, Washington state may recognize their current license or certificate if they provide the following:

1. A copy of the military orders with this application;
2. A license that is in good standing in all states where the individual held their license before.
   a. During application review, DOL may request an original Certification of Licensure or Letter of Good Standing from each state.
   b. There may be continuing education requirements needed for DOL to recognize the license.
3. Complete the following table if you hold a license issued by any state (excluding Washington).

State	License Number	Expiration Date

(continued on next page)

Applicant (continued)

Corporation name	UBI/UBI Business ID/UBI Location ID (16 digits)
Corporate address *(Street address or PO Box, City, State, ZIP code)*	
Doing business as *(Name of cemetery)*	10-digit phone number
Cemetery location	
Cemetery address *(Street address or PO Box, City, State, ZIP code)*	

Type of corporation	Date of incorporation	Date of proposed sale
☐ For profit ☐ Non-profit ☐ Association ☐ Private corporation		

Answer the following

1. Is a new corporation being formed? . . . . . ☐ Yes ☐ No
2. Will shares/stock be owned by a holding company? . . . . . ☐ Yes ☐ No
   If yes, how many? _____

Manager

Proposed manager name *(Last, First, Middle initial)*	10-digit phone number
Manager address *(Street address or PO Box, City, State, ZIP code)*	

Care funds

Provide the balance of principal in the endowment care fund *(not to include undistributed earnings)* as of the latest date possible.

Balance of principal in endowment care fund	Date	Amount of unfunded liabilities to endowment care fund found among receivable	Date
$		$	
$		$	

Legal background

Answer the questions below. If you answer "Yes," attach a detailed explanation.

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:

1. Had any action (fine, suspension, revocation, censure, surrender, etc.) taken against any professional or occupational license, certification or permit? . . . . . ☐ Yes ☐ No
2. 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

(continued on next page)

Attachments

Check all documents applicable to this application and include them with your application.

Required for all Cemetery license applications:

- ☐ Copy of Endowment Care Fund Trust Agreement
- ☐ Signed and notarized Cemetery Authority Statement of Understanding and Agreement with Title 68 RCW (form on website)
- ☐ Signed and notarized Endowment Care Fund Trustee Statement of Fiduciary Responsibility for each trustee (from on website)
- ☐ Certified copy of articles of incorporation
- ☐ Copy of corporation by-laws
- ☐ Certificate of Authority List of Officers (form on website)
- ☐ Financial statement from applicant

Required if applicable to your application:

- ☐ If applicant is foreign corporation, evidence of qualification to do business in Washington
- ☐ If purchasing the cemetery, sales agreement for the purchase and Cemetery Endowment Care Annual Report from seller (form on website)
- ☐ If applying for Prearrangement Sales license, a signed copy of the Cemetery Prearrangement Sales License Application **and** all supporting documents (form on website)
- ☐ If substantial changes in endowment care fund investments are anticipated during the next 12 months, an explanation of the changes.

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

_____
TYPE or PRINT Name of applicant or person authorized to sign on behalf of the corporation

_____
Name of corporation

_____ X **When completed, print form and sign here.**
Date and place — Signature of applicant or the person authorized to sign on behalf of the corporation

Providing any false information in this application may be cause for denial, suspension, or revocation of your professional license in the state of Washington.

Notary

State of _____, County of _____

Signed or attested before me on ____ by _____

(Seal or stamp)

_____
Signature

_____
Printed or stamped name

_____ and _____
Title — Expiration date of appointment

RCW 42.56