

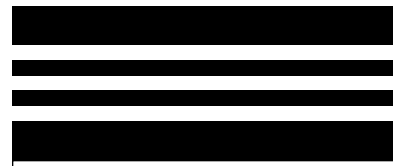


Reduction Operator Renewal Application

Renew an operator license to perform cremations, alkaline hydrolysis, and natural organic reduction.

Mail these to the address below:

- this completed form
- a check or money order payable to Department of Licensing for the **nonrefundable** fees
- a certificate of completion of operator training (*if 5 years since last certified*)



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

For questions or language help call: 360.664.1555

Fees

- Crematory Operator [21708]—**\$135**
- Alkaline Hydrolysis Operator [21709]—**\$135**
- Natural Organic Reduction Operator [21710]—**\$135**
- \$5 each. DOL print and mail license. Quantity _____ Total \$ _____

Applicant

TYPE or PRINT Name as you would like it to appear on your license		License number	
Full legal name (<i>First, Middle, Last</i>)			
Address			
City	State	ZIP code	
Mailing address, if different			
City	State	ZIP code	
10-digit phone number	Email		
Training certificate You are required to recertify and provide a copy of your operator training certificate every 5 years at renewal. Do you have a current certificate of completion of operator training? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Legal background 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, have you had any action (fine, suspension, revocation, censure, surrender, etc.) taken against any professional or occupational license, certification, or permit held by you? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2. Within the last 5 years, in this state or any other jurisdiction, have you defaulted, or been convicted of, or entered a plea of no contest to a gross misdemeanor or felony crime? (Don't include traffic convictions.) <input type="checkbox"/> Yes <input type="checkbox"/> No			

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

	TYPE or PRINT Name
	X
	Signature

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