WASHINGTON STATE DEPARTMENT OF LICENSING

Reduction Facility Operator Application

[redacted]

21708-APPLICATIONS

Apply for an operator license to perform cremations, alkaline hydrolysis, and/or 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

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

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

Fees

☐ Crematory Operator [21708]–**$182**
☐ Alkaline Hydrolysis Operator [21709]–**$182**
☐ Natural Organic Reduction Operator [21710]–**$182**

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

Applicant

TYPE or PRINT Name as you would like it to appear on your license		Social Security number*
Full legal name *(First, Middle, Last)*		Date of birth
Address		
City	State	ZIP code
Mailing address, if different *(Street address or PO Box, City, State, ZIP code)*		
10-digit phone number	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.

*You are not required to have a Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN or TIN) to apply for or be issued a license. If you do not have an SSN or ITIN, leave that section blank. If you do have a SSN, ITIN or TIN, you are required by federal and state law to provide it on the application (42 U.S.C. 666(a)(13) and RCW 74.20A.320).

Applicant (continued)

Military (continued)

3. Complete the following table if you hold a license issued by any state (excluding Washington).

State	License Number	Expiration Date

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? . . . . . ☐ Yes ☐ 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.) . . . . . ☐ Yes ☐ No

Certification

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

TYPE or PRINT Name

Date and place

X **When completed, print form and sign here.**

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.