



**Reduction Facility:  
Alkaline Hydrolysis/Crematory/  
Natural Organic Application**

Apply for an alkaline hydrolysis, crematory, and/or natural organic reduction facility license.

Mail this completed form and a check or money order payable to Department of Licensing to:

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



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

**Fees** (check all that apply)

Alkaline Hydrolysis [21706]—**\$284**

Crematory [21702]—**\$284**

Natural Organic Reduction [21707]—**\$284**

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

**Applicant**

TYPE or PRINT Business entity name (corporation/funeral home/cemetery) owning and operating the facility. If sole proprietor, Last name, First, Middle		
UBI/UBI Business ID/UBI Location ID (16 digits)		
Doing business as		
Type of business Sole proprietor      Partnership      Corporation      Limited liability company (LLC)      Foreign corporation		
Mailing address		
City	State	ZIP code
Physical address, if different		
City	State	ZIP code
10-digit phone number	Email	
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, 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.*

_____	TYPE or PRINT Name
_____	<b>X</b>
_____	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.**