



WASHINGTON STATE DEPARTMENT OF
LICENSING

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

Renew an alkaline hydrolysis, crematory, or natural organic reduction facility license.

Mail this completed form and a check or money order payable to Department of Licensing for the **nonrefundable** fees to:

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

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

License type (check all that apply)

Alkaline Hydrolysis [21706]

Crematory [21702]

Natural Organic Reduction [21707]



21702-RENEWALS

Applicant

TYPE or PRINT Business entity name (corporation/funeral home/cemetery) owning and operating the facility. If sole proprietor, Last name, First, Middle	
Doing business as	
License number	UBI/UBI Business ID/UBI Location ID (16 digits)
Mailing address	
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	

Renewal fee calculation

During the previous calendar year, this business performed:

Number of alkaline hydrolysis	_____ X \$10.80 = \$ _____	Pay this amount
Number of cremations	_____ X \$10.80 = \$ _____	Pay this amount
Number of natural organic reduction	_____ X \$10.80 = \$ _____	Pay this amount
\$5 each. DOL print and mail license	_____ X \$5.00 = \$ _____	Pay this amount
	\$ _____	Total

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

TYPE or PRINT Name

X

Signature

Date and place

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