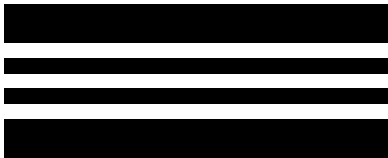




**Reduction Facility:  
Alkaline Hydrolysis/Crematory/  
Natural Organic  
Renewal Application**



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) 664-1555

**License type** (check all that apply)

- Alkaline Hydrolysis [21706]
- Crematory [21702]
- Natural Organic Reduction [21707]

**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? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> 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.) . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Renewal fee calculation**

<b>During the previous calendar year, this business performed:</b>	
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
	\$_____ <b>Total</b>

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

Date and place	TYPE or PRINT Name <b>X</b> Signature
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**Providing any false information in this application may be cause for denial, suspension, or revocation of your professional license in the State of Washington.**