



MCB

OREGON MORTUARY & CEMETERY BOARD

Regulating Death Care Facilities & Practitioners in Oregon.

Office use only:

0653 \$150 Alternative (includes first principal)

0641 \$ 50 Each Additional Principal

Initial Application for Oregon Certificate of Authority to Operate an Alternative Disposition Facility

Proposed Facility Name: _____

assumed business name, if any, as registered with the Secretary of State Corporation Division

Facility's Physical Location: _____

physical street address

city, zip code

on site telephone

on site fax

email address and or website address

Name of Facility's Proposed Owner: _____

true corporate, firm or individual name (**Organization Level One**)

Certification (Your signature must be notarized)

I, _____ certify that I am a duly authorized officer or agent of the
(print name and title of duly authorized person)

prospective facility's owner and that all information on this form and any attachments are true and correct.

I understand that this application is not a license to operate and that the applicant owner must receive a certificate of authority to operate an alternative disposition facility from the Oregon Mortuary and Cemetery Board before operating under the prospective ownership.

I understand that making false or misleading statements in applying to the Board for licensure is cause for disciplinary action under Oregon Administrative Rules (OAR) 830-030-0090(5)(d) and Oregon Revised Statutes (ORS) 692.180(1)(a).

(signature of duly authorized person)

Before me personally appeared: _____

(print name of duly authorized person)

who is known to be the identical person who **signed** this application on this date: _____

(signature of Notary Public)

NOTARY SEAL

(county / state)

Facility's Mailing Address:

_____ mailing address

_____ city, state, zip code

_____ mailing address telephone

_____ mailing address fax

_____ email address

Location of Death Records:

_____ print name of person and / or facility in possession of records

_____ physical street address, city, state zip code (do not list a post office box)

_____ records telephone

_____ records fax

_____ records email address

Principals of Prospective Owner:

Proposed Facility Manager:

_____ print name of person who will manage / operate this applicant facility.

Does this person manage any other licensed facility (alternative disposition, cemetery, crematory, funeral establishment, immediate disposition company): (Yes / No) If yes, print facility name & license number:

Others who have decision making authority and whose primary duties include control over the operation of the applicant facility (i.e., General Market Manager, Area Manager):

_____ print name and title

_____ address

_____ phone

_____ print name and title

_____ address

_____ phone

Owner's Mailing Address:

_____ contact name

_____ mailing address

_____ city, state, zip code

_____ mailing address telephone

_____ mailing address fax

_____ email address

All applications for licenses must specify the real and true names of the person(s) who own or have an interest in the business proposed to be licensed by the Board.

Owner's Board Members, Commissioners, Directors, Officers, Trustees, etc. (**Organization Level One**):

1 _____	2 _____
3 _____	4 _____
5 _____	6 _____

Individual stockholders (natural persons), members, partners and / or corporations that own or control voting stock in the above named owner, including percentage of ownership (**Organization Level One**):

1 _____ print true name and percentage of ownership	2 _____ print true name and percentage of ownership
3 _____ print true name and percentage of ownership	4 _____ print true name and percentage of ownership

Parent Corporation, if any, that owns or controls more than fifty percent of voting stock in the prospective owner, including percent of stock - need to complete and attach Applicant Facility Owner Information Sheet (**Organization Level Two**):

print true corporate name (**Organization Level Two**) and percentage of ownership

print true corporate name (**Organization Level Two**) and percentage of ownership

Non-Parent Corporation, if any, that owns or controls not more than fifty percent of voting stock in the prospective owner, including percent of stock - need to complete and attach Applicant Facility Owner Information Sheet (**Organization Level Not Applicable**):

print true corporate name (Organization Level Not Applicable) and percentage of ownership

Note: If the above named non-parent corporation(s) own or control ten percent or more of the voting stock in the prospective corporate owner, attach Applicant Facility Owner Information Sheet for each and enter "N/A" in the organization level blank.

Grandparent Corporation, if any, that owns or controls more than fifty percent of voting stock in the prospective owner, including percent of stock - need to complete and attach Applicant Facility Owner Information Sheet for each **Organization Level Three** or higher:

print true corporate name (**Organization Level Three**) and percentage of ownership

print true corporate name (**Organization Level Four**) and percentage of ownership

List all funeral service practitioners, apprentices and preneed salespeople working at this applicant facility, including any who are part-time employees or independent contractors - licensees of the Board only:

_____	_____
licensee name, type of license	licensee name, type of license
_____	_____
licensee name, type of license	licensee name, type of license
_____	_____
licensee name, type of license	licensee name, type of license

Initial Application for Oregon Certificate of Authority to Operate Alternative Disposition Facility Instructions

Alternative disposition is a Board-authorized method of final disposition of human remains other than burial, entombment, burial at sea, cremation or removal from the state, and includes dissolution and natural organic reduction. *OAR 830-011-0000(2)*

An Alternative Disposition Facility is a location containing equipment designed for the final disposition of human remains through alternative methods authorized by the Board including, but not limited to, dissolution and natural organic reduction. *OAR 830-011-0000(3)*

Currently, dissolution, alkaline hydrolysis and natural organic reduction are the only alternative forms of final disposition authorized by Board rule.

Alkaline hydrolysis is the alternative process that uses water, alkaline chemicals, heat, and sometimes pressure and agitation to accelerate the conversion of human remains until bone fragments and a neutral liquid (effluent) remain. *OAR 830-011-0000(1)*

Natural organic reduction is the controlled and contained accelerated conversion of human remains to soil. *OAR 830-011-0000(37)*

An Alternative Disposition Facility Authority is an Alternative Disposition Facility with a Certificate of Authority to operate a dissolution chamber, natural organic reduction chamber, or other alternative disposition equipment as authorized by Board rule. *OAR 830-011-0000(4)*

An Alternative Disposition Facility may not operate without obtaining a certificate of authority. *ORS 692.275(4)*

All licensed facilities are subject to Board inspection. *OAR 830-040-0010*

Each licensed facility must provide the Board with its true corporate, firm or individual name. Applications for all licensed facilities must be made on the most current application and specify the names of all principals. If the principal is a corporation, the application must include the names of all principals of that corporation. *OAR 830-040-0000(5)*

All applications for licenses must specify the real and true names of the person(s) who own or have an interest in the business proposed to be licensed by the Board, and must be signed by such person(s) or in the case of corporations, by a duly authorized officer or agent. *OAR 830-040-0040(3)*

The Board may deny, suspend or refuse to issue or renew a facility license based upon adverse conditions related to any manager or other principal of the facility.

Principal means a person who has controlling authority over a licensed facility, including, but not limited to:

- (a) Managers or other persons who have decision-making authority and whose primary duties include control over the operation of the licensed facility;
- (b) Officers or directors who have some degree of responsibility for the operation of the licensed facility;
- (c) General partners, limited and joint ventures;
- (d) Sole proprietors

- (e) Stockholders holding a majority of outstanding shares of stock; and
- (f) Members of a limited liability company. *OAR 830-011-0000(44)*

All applicants for individual or facility licenses and principals of facilities seeking or holding a license must submit to a background investigation. The background investigation may include, but is not limited to, information solicited from the Law Enforcement Data Systems, other government agencies or courts, personal references, former employers, and credit checks. The Board may require the applicant or principal to furnish any information necessary to perform a background investigation. *OAR 830-011-0050(1)*

A Background Information Questionnaire form will need to be completed by each principal identified on the facility application. The Board may deny, suspend or refuse to issue or renew a license or certificate when a condition exists in relation to any principal of a licensed facility which constitutes grounds for refusing to issue or renew a license or certificate or for suspension of a license.

If any of the proposed principals currently holds a personal license issued by the Board, the proposed principal does not need to submit a Background Information Questionnaire.

Secretary of State, Corporation Division Registration

Each licensed facility shall be registered with the Board by its true corporate, firm or individual name. In addition, one assumed business name (ABN), as registered with the Secretary of State Corporation Division, may be used by such licensed facility and shall be promptly reported to the Board. *OAR 830-040-0030*

Although you are not required to register an ABN with the Corporation Division:

- If you do not have an ABN, you must only use your true individual, firm name, or your business entity name, exactly as it is registered with the Board and the Corporation Division.
- “Real and true name” means:

(a) The surname of an individual coupled with a combination of the individual’s given names or initials;

(b) The corporate name of a domestic corporation stated in the articles of incorporation or amendment filed with the office of the Secretary of State or the corporate name of a foreign corporation as stated under ORS 60.707 (1);

(c) The name of a foreign or domestic limited partnership stated in the documents filed with the office of the Secretary of State under ORS chapter 70;

(d) The name of a foreign or domestic limited liability company stated in the documents filed with the office of the Secretary of State under ORS chapter 63;

(e) The name of a foreign or domestic nonprofit corporation stated in the documents filed with the office of the Secretary of State under ORS chapter 65;

(f) The name of a foreign or domestic general partnership stated in the documents filed with the office of the Secretary of State under this chapter; or

(g) The name of a foreign or domestic business trust or estate stated in the documents filed with the office of the Secretary of State. *ORS 648.005*

No person shall carry on, conduct or transact business under an assumed business name in a county where the business is located, where a physical facility of the business is located or where an employee of the business is stationed, unless the person has registered the assumed business name... and maintains a current registration. **ORS 648.007(1)**

- “Entity” means a foreign or domestic corporation, foreign or domestic nonprofit corporation, foreign or domestic profit or nonprofit unincorporated association, foreign or domestic business trust, foreign or domestic limited partnership, foreign or domestic general partnership, foreign or domestic limited liability company, two or more persons that have a joint or common economic interest, a state, the United States, a federally recognized Native American or American Indian tribal government or a foreign government. **ORS 648.005(4)**
- The proposed facility name on the application must identify the primary activity of the facility. This name must be the registered name with the Board and must also be used as the advertised name of the facility. **OAR 830-040-0000(4)**

Every licensee or agent of a licensed facility of the Board must abide by the accepted standards of the Death Care Industry and the minimum standards, including but not limited to the following standards of practice set forth by the Board. Violations of the following may be cause for Board action.

(1) Every licensee or agent of a licensed facility must: (a) Comply with Oregon Revised Statutes relating to death care in ORS Chapters 97, 432 and 692; and comply with the Oregon Public Health Laws. **OAR 830-030-0090**

Principals are responsible for the actions of employees related to the operation of a licensed facility. **OAR 830-030-0090(2)**

Fees

This facility application must be submitted with the \$150 initial application fee (which includes the first principal fee) plus \$50 for each additional principal.

Renewal Information

All certificates of authority to operate an alternative disposition facility expire December 31st of every even year. The renewal fee for an alternative disposition facility will be \$100 per year plus \$2 per disposition performed during the two calendar years preceding the year in which the current license expires, payable biennially.

During the renewal process, we will provide you with all facility information that is currently on record with the Board and will ask you to correct or re-certify this information. If corrections are made, Board staff will contact you about any additional paperwork or fees that may be due as a result. However, please remember that all licenses issued under ORS 692.146 and 692.275 are not transferable. This means that licenses are valid only for the circumstances provided and verified when the license was issued. Any change to your facility information, location, licensed employees, or management and ownership must be reported to the Board, approved, and an updated license re-issued. Failure to do so may invalidate your license and could be grounds for disciplinary action.

The completed facility application must be returned with the following or it will be returned as incomplete:

- Facility application fee:** \$150.00
- Principal fee(s):** \$50 for each additional principal
- Completed **Background Information Questionnaire** forms for each identified principal. If any of the proposed principals currently holds a personal license issued by the Board, the proposed principal does not need to submit the Background Information Questionnaire. A principal fee is still owed.

The Questionnaire forms may be submitted separately from the initial facility application; note that the facility application will not be considered complete until all Questionnaires and documentation is received and validated in the Board's office.

- If the facility is owned by more than one organizational level, a completed **Applicant Facility Owner Information Sheet** for every organizational level above Level One.

Forms are available upon request or on our website: www.oregon.gov/omcb