

Oregon Mortuary and Cemetery Board
800 NE Oregon Street, Suite 430
Portland, OR 97232-2195
971-673-1507 / 971-673-1501 fax
www.oregon.gov/MortCem

APPLICATION FOR FACILITY LOCATION CHANGE INSTRUCTIONS

In no event shall a funeral establishment, immediate disposition company, crematory or cemetery be operated without the appropriate license or certificate of authority to operate. All licensed facilities are subject to the inspection and approval of the Board. OAR 830-040-0040.

Licenses issued under ORS 692.146 and 692.275 are not transferable. This application is not a license to operate. All facilities changing location are subject to the inspection and the approval of the Board before they can operate from the new location.

No licensed facility shall be advertised or operated without the appropriate license or certification. Each licensed facility advertising through any media (including but not limited to telephone books, newspapers, direct mail, bill boards, etc.) shall include either the licensed facility's registered name, or its assumed business name and physical address as it appears on the Board's records. All printed materials and letterhead shall include the physical location of the facility. OAR 830-040-0050

If applicable, copies of the following required documents that provide your new location information need to be submitted with this application:

- Business Cards and Letterhead.
- Casket Price List
- Cremation Authorization
- Embalming Authorization
- General Price List
- Outer Burial Container Price List
- Receipt for Cremated Remains
- Statement of Funeral Goods and Services Selected (the Contract)

The Board cannot issue a license until this documentation has been submitted and approved.

Funeral Establishment or Immediate Disposition Company Manager

A funeral establishment (FE) or an immediate disposition company (IDC) must be operated by a licensed funeral service practitioner (FSP). OAR 830-030-0000(9) provides that the Board may authorize an FSP to manage more than one FE or IDC when the Board, in its sole discretion, determines that the management of more than one FE or IDC by a single FSP is in the public interest. A request by an FSP to manage more than one FE or IDC (not co-located) shall be in writing and shall describe the basis for the request. Board approval shall be in writing and shall identify each FE or IDC the FSP is authorized to manage.

Fees:

Licensed facility location change fee is \$250.

Forms are available upon request or on the website: www.oregon.gov/MortCem

Office use only:
0637 41701 \$250.00

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New License #: _____

Effective date: _____

APPLICATION FOR FACILITY LOCATION CHANGE

Current Information:

Current Facility License:	_____
	Licensed name and number as identified on certificate or license.
Current Licensed Owner:	_____
	Licensed owner name as identified on certificate or license.

Facility's Former Location:	_____
	street

	city, state, zip

New Information:

Facility's New Location:	_____
	street

	city, state, zip

	telephone

	fax

Facility's Mailing Address:	_____
	print contact name

	city, state, zip

	telephone

	fax

Location of Death Care Records:	_____
	print name of person and / or facility in possession of records

Records Physical Location:

_____ street (do not list a post office box)

_____ city, state, zip

_____ records telephone

Does new location have refrigeration: (Yes / No)

If No, is it available? (Yes / No)

If Yes, provide location: _____

Does new location have a preparation room: (Yes / No)

Does new location have a holding room: (Yes / No)

If Yes, provide name of licensed facility and location where embalming is performed:

Are preparation or holding doors labeled "Private" or "Authorized Entry Only": (Yes / No)

Are there other licensed facilities operating at this location: (Yes / No)

If Yes, provide their license numbers (i.e., FE-XXXX, IM-XXXX, CE-XXXX, etc.): _____

Proposed Manager: _____

print name of person who will manage / operate this applicant facility (include FSP License #)

Does this person manage any other licensed facility (FE, CE, CR, IDC): (Yes / No) If yes, print name and address of other facility:

List all funeral service practitioners, embalmers, apprentices* and preneed salespeople** working at this new location, including any who are part-time employees or independent contractors.

licensee name	license(s) held
licensee name	license(s) held
licensee name	license(s) held
licensee name	license(s) held
licensee name	license(s) held
licensee name	license(s) held

* The certificate of apprenticeship shall be issued to the applicant as an apprentice to a specified licensee. If the apprentice changes establishments or person to whom apprenticed, he / she shall file a request for approval of transfer with the Board immediately. The Request for Transfer of Apprenticeship(s) form is available upon request from the Board's office, or on the Board's website.

** It is the responsibility of the salesperson to keep the Board's office advised (in writing) of any address changes within 30 days of the change. The Individual's Change of Address form is available upon request from the Board's office, or on the Board's website

CERTIFICATION

I, _____, _____, _____
print name and title of duly authorized person date

certify that I am a duly authorized officer or agent of the above-named facility owner and that all information on this form and any attachments is true and correct. I understand that this application is not a license to operate and that the applicant owner must receive a license from the Oregon Mortuary & Cemetery Board before operating from the new location. I understand that making false or misleading statements in applying to the Board for licensure is cause for disciplinary action under OAR 830-050-0050(2) and ORS 692.180(1)(a).

signature of duly authorized person