



**ARKANSAS INSURANCE DEPARTMENT
FUNERAL SERVICES DIVISION | EMBALMERS & FUNERAL DIRECTORS**

**CREMATORY RETORT OPERATOR – INITIAL LICENSE
INSTRUCTIONS/CHECKLIST**

PLEASE CHECK THAT ALL OF THE FOLLOWING ITEMS APPLY AND/OR ARE ENCLOSED:

- Have you completed a Certified Crematory Operator certification program (CCP) approved by the Board?
- Have you received bloodborne pathogen training?
- Have you completed up to six (6) months of training with a licensed crematory retort operator? Only applicable, if applying after January 1, 2023.
- If you have answered **yes** to all the above questions, you may proceed with the application process.

APPLICATION PROCESS

- Submit a completed **Crematory Retort Operator Initial License application**.
- Enclose a **\$10.00 Initial Application Fee** (Business Check, Cashier's Check, or Money Order – NO Cash or Personal Checks)
- Applicants must complete the Background Check Form (ASP-122) and **submit a payment in the amount of \$22.00** (Business Check, Cashier's Check, or Money Order – NO Cash or Personal Checks)
- Submit copies of your certificates of completion for bloodborne pathogen training and CCP training.
- The total payment due of \$32.00 is payable to the Arkansas Insurance Department and completed documents shall be submitted with a business check, cashier's check, or money order. We can accept a credit or debit card over the phone or in the office. Please contact us for information to submit via email.**

If you have any questions regarding the completion of these forms or the documentation requirements, you may e-mail us at AID.EFD@arkansas.gov.

Return Application Paperwork and Fees To:

Arkansas Department of Commerce
Arkansas Insurance Department | Funeral Services Division
1 Commerce Way, Suite 502 | Little Rock, AR 72202-2087
Phone (501) 682-0574 | Fax (501) 682-0575
E-Mail: AID.EFD@arkansas.gov



ARKANSAS INSURANCE DEPARTMENT
FUNERAL SERVICES DIVISION | EMBALMERS & FUNERAL DIRECTORS

INITIAL CREMATORY RETORT OPERATOR LICENSE
- APPLICATION

APPLICATION FEE DUE: \$10.00 (Due at time of application)

IMPORTANT: The way you list your name, city, county, and state in this section will be how those items will appear on your license.

Full Name (First, MI, Last):
City and State of Residence:
County of Residence:

Have you been convicted of a felony, since the issuance of your last license or registration? YES NO. If "YES," please attach an explanation to this application form.

I hereby make application to the Arkansas Insurance Department | State Board of Embalmers, Funeral Directors, Cemeteries, and Burial Services to be licensed as a Crematory Retort Operator. I submit the following information.

Gender: Male Female DOB: Soc. Sec. No.:

Cell Phone: Work Phone: Funeral Home Phone No.

E-Mail Address:

Applicant's Physical Address:

Number/Street City State ZIP Code County

Applicant's Mailing Address: [If different from the Physical Address listed above]

Number/Street/P.O. Box City State ZIP Code County

I will be employed by: Name of Funeral Home

Funeral Home Mailing Address:

Number/Street/P.O. Box City State ZIP Code

I hereby certify that all information and statements contained within this application are true, to the best of my knowledge and belief.

Applicant Signature Application Date

NOTARY PUBLIC:

[Notary Stamp or Seal]

State of County of

Subscribed and sworn to before me this day of, 20.

Notary Public Signature Commission Expiration Date

Mail Completed Application To:

Arkansas Department of Commerce
Arkansas Insurance Department | Funeral Services Division
1 Commerce Way, Suite 502 | Little Rock, AR 72202-2087
Phone (501) 682-0574 | Fax (501) 682-0575
E-Mail: AID.EFD@arkansas.gov



**ARKANSAS INSURANCE DEPARTMENT
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CERTIFICATION OF TRAINING

The undersigned, on behalf of _____

Funeral Home/Crematory ("the Company"), Board ID # _____, hereby certifies that

** _____ ** has been sufficiently trained by our

licensed Crematory Retort Operators in accordance with Arkansas law, including **A.C.A. § 17-29-314** and **17 CAR § 30-207**.

The above-named individual completed training for a period not exceeding six (6) months.

Funeral Home/Crematory Manager Signature

Date

NOTARY PUBLIC:

[Notary Stamp or Seal]

State of _____

County of _____

Subscribed and sworn to before me this _____ day of _____, 20 _____.

Notary Public Signature

Commission Expiration Date

Return To: Arkansas Department of Commerce
Arkansas Insurance Department | Funeral Services Division
1 Commerce Way, Suite 502 | Little Rock, AR 72202-2087
Phone (501) 682-0574 | Fax (501) 682-0575
E-Mail: AID.EFD@arkansas.gov



Fee \$22.00

ARKANSAS STATE POLICE

ASP-122
(Eff. 09/21/2022)

Identification Bureau Individual Record Check Request Form

Please mark the box if this background check is for U.S. VISA purposes only and requires an Apostille Letter

Full Name: _____
Last name First name Middle name Jr/Sr/III

_____ Daytime Phone #: (____) _____
List ALL other names ever used (married, maiden, shortened, etc)

Date of Birth: _____ State of Birth: _____ Race: _____ Sex: _____
(Month/Day/Year)

Social Security #: _____ Driver's License #: _____
State

Physical Address: _____
Street

_____ *City State ZIP*

Mailing Address: _____
Street or P.O. Box

_____ *City State ZIP*

APPLICANT RECORD NOTIFICATION

Change, Correction, or Updating: Procedures for obtaining a change, correction, or updating of an FBI criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34 and/or Arkansas Code § 12-12-1013.

I give my consent for the Arkansas State Police to conduct a criminal record search on myself and release any results to the following person or entity:

Signature: _____ Date: _____
(First/MI/Last Name) Month/Day/Year

Release to: **Arkansas Insurance Department | Funeral Services Division**
(First/MI/Last Name) or Full Name of Agency

Mailing Address: **1 Commerce Way, Suite 502**

_____ *Street*
Little Rock Arkansas 72202
City State ZIP

Daytime Phone #: (**501**) **682-0574**

THIS PROPERLY COMPLETED FORM MUST BE NOTARIZED

STATE OF _____

COUNTY OF _____

Subscribed and sworn before me, a Notary Public, in and for the county and state aforesaid, this the _____ day of _____, 20 _____.

Notary Public

Chapter VIII. State Board of Embalmers, Funeral Directors, Cemeteries, and Burial Services, State Insurance Department, Department of Commerce
Part 30. Rules Pertaining to Embalmers, Funeral Directors, Funeral Establishments, Crematories, Crematory Retort Operators, and Transport Services
Subpart 2. Funeral Establishments

17 CAR § 30-207. Crematory retort operator.

(a) Any person desiring to become licensed as a crematory retort operator in this state shall be at least eighteen (18) years of age and have received a high school diploma or a Certificate of General Educational Development.

(b)(1) The applicant shall make written application to the State Board of Embalmers, Funeral Directors, Cemeteries, and Burial Services on forms provided by the board.

(2) The application shall be accompanied by the required fee.

(c) The applicant shall also take and pass the appropriate examinations as determined by the board, and provide any additional information required by the board.

(d) The license shall be granted to the applicant if he or she possesses a knowledge of the operation of a crematory retort and meets the qualifications for the licensing thereof.

(e) At least thirty (30) days prior to the operation of a crematory, any person intending to own or operate a crematory shall apply for a crematory retort operator license by submitting an application accompanied by the required fee.

(f) All persons who operate the retort in a crematory shall have received certification by one (1) of the following:

- (1) Cremation Association of North America;
- (2) The International Cemetery, Cremation, and Funeral Association;
- (3) National Funeral Directors Association; or
- (4) Any other certification approved by the board.

(g)(1) Prior to operating a retort, the operator shall become licensed.

(2) Every crematory retort operator shall obtain training from an approved provider and a certificate of initial training by the retort manufacturer, when applicable.

(3) A copy of the certificate of training shall be submitted to the board upon completion of the training.

(4) A copy of the certificate shall also be maintained on-site at the crematory, and it shall be subject to inspection by the board.

(h) The initial certification for a retort operator must be completed on-site by the manufacturer or another licensed retort operator.

(i)(1) Persons receiving training toward certification to operate a retort shall be allowed to work under the supervision of an operator who holds a certification and license.

(2) The length of time the person receiving training can work under the supervision of an operator shall not exceed six (6) months.

(j) All persons applying for licensure must submit Occupational Safety and Health Administration bloodborne pathogen training with their initial application.

(k) Crematory operation certifications must be posted in the crematory and available for inspection at any time.


(l) Any employees of a crematory required to be certified under this section and retained prior to the effective date of this part shall be certified within one (1) year of such effective date.

A.C.A. § 17-29-314

Current through all laws of the 2018 Fiscal Session and 2018 Second Extraordinary Session, including changes and corrections by the Arkansas Code Revision Commission.

- [Arkansas Code Annotated](#)
- [Title 17 Professions, Occupations, and Businesses](#)
- [Subtitle 2. Nonmedical Professions](#)
- [Chapter 29 Embalmers, Funeral Directors, and Funeral Establishments](#)
- [Subchapter 3-- Embalmers and Funeral Directors Law -- Licensing](#)

Notice

 *Second of 2.* This section has more than one version with varying effective dates.

Second of 2 versions of this section

17-29-314. Crematory retort operator -- Qualifications. [Effective July 1, 2018.]

- (a) A person who desires to have a license as a crematory retort operator in this state shall:
 - (1) Be at least eighteen (18) years of age;
 - (2) Have received a high school diploma or a Certificate of General Educational Development;
 - (3) Make written application to the State Board of Embalmers, Funeral Directors, Cemeteries, and Burial Services and attach the fee prescribed by the board;
 - (4) Take and pass the appropriate exams as determined by the board; and
 - (5) Provide the information required by the board.
- (b) Application for a crematory retort operator license shall be made on forms furnished by the board.
- (c) Each crematory retort operator shall be required to submit initial United States Occupational Safety and Health Administration blood-borne pathogen training.
- (d) (1) The board shall grant the application if the board finds that the applicant:
 - (A) Possesses a knowledge of the operation of a crematorium retort; and
 - (B) Meets the qualifications under this section.
- (e)
 - (1) The board may require an applicant for licensure as a crematory retort operator to successfully complete up to twenty (20) hours of classroom instruction in crematory operation practices and ethics, and laws and rules affecting cremations and operating a crematory retort.
 - (2) The board shall approve all courses that satisfy this requirement.
- (f) Within a reasonable amount of time after the effective date of this subchapter, a crematory retort operator who is operating a crematory retort in this state shall be licensed as determined by rules of the board.

History

Acts 2015, No. 1095, § 38; 2017, No. 788, § 24.