ARKANSAS INSURANCE DEPARTMENT
FUNERAL SERVICES DIVISION | EMBALMERS & FUNERAL DIRECTORS

CREMATORY RETORT OPERATOR – OOSL 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? If yes, please attach copy of certification.
- ❑ Have you received bloodborne pathogen training? If yes, please attach a copy. Must be within the previous calendar year.
- ❑ Have you been licensed by for at least three (3) years or more? _____ If yes, a certification of licensure must be completed from the licensing state or states. Certifications should be sent directly to the State Board of Embalmers, Funeral Directors, Cemeteries, and Burial Services from the licensing board or regulatory authority where you hold a license or licenses.
- ❑ If you do not hold a license in another state, do have you three (3) years or more experience in operating a retort and performing cremations in another state? _____. If yes, please attach verification from a licensed funeral establishment, which operates a crematory or a licensed crematory where you performed cremations.
- ❑ 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 OOSL License application.**
- ❑ Enclose **a $150.00 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) https://insurance.arkansas.gov/uploads/pages/asp-122_form_2020_02_ff.pdf
- ❑ Submit copies of your certificates of completion for bloodborne pathogen training and CCP training.
- ❑ **The total payment due of $172.00 is payable to the Arkansas Insurance Department and should be mailed all together to address below.**

ELECTRONIC SUBMISSIONS ARE NOT ALLOWED.

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

APPLICATION FOR OUT-OF-STATE LICENSURE – CREMATORY RETORT OPERATOR

APPLICATION FEE(S) DUE:

❑ Crematory Retort Operator License Application Fee: $150.00

[For Office Use Only]

License No.: _____

Date Issued: _____

I hereby make application to the **Arkansas Insurance Department | State Board of Embalmers, Funeral Directors, Cemeteries, and Burial Services** for an out-of-state license:

❑ Crematory Retort Operator

Applicant Name: _____ **SSN:** _____

Applicant's Date of Birth: _____ (MM/DD/YY) **Place of Birth:** _____ (City/State)

Current Mailing Address: _____ (P.O. Box/Street, City, State, ZIP Code)

Residence County _____ **Phone No.:** _____

E-Mail Address: _____ **Are you a U.S. Citizen?** ❑ Yes ❑ No

High School Graduated (or G.E.D.): _____ (City/State) **Graduation Date:** _____ (MM/YY)

College/University Attended: _____ (Name of School/City/State, Years Attended)

Mortuary School Attended: _____ (Name of School/City/State, Graduation Date)

Cremation Certification Program Completed: _____ (Name of program completed, Date completed)

LICENSES CURRENTLY HELD BY APPLICANT:

❑ **Retort Operator License: No.:** _____ **State:** _____ **License Date:** _____

Have you ever had a license suspend or revoked? ❑ Yes ❑ No If "Yes," please attach an explanation.

Have you ever been convicted of a felony? ❑ Yes ❑ No If "Yes," please attach an explanation.

Have you previously resided in Arkansas? ❑ Yes ❑ No If "Yes," please list dates: _____

Check all that apply:

I ❑ own ❑ am employed by _____ (Funeral Home or Crematory Name, City/State)

Acknowledgement Statement:

I promise and agree that, if this application is accepted and I should be granted a license(s) to operate a retort in the State of Arkansas, I will conduct myself in a professional manner, maintaining the honor and integrity of the Funeral Services industry and I will observe and obey all laws, rules, and regulations of the State of Arkansas. Additionally, I understand that, if I have made any false statements in this application, the Board may consider actions including suspension or revocation of the license(s).

_____ Applicant Signature _____ Applicant Title _____ Date

AUTHORIZATION:

Your signature on this application form serves as authorization for the **Arkansas Insurance Department | State Board of Embalmers, Funeral Directors, Cemeteries, and Burial Services** to conduct a background investigation on you that includes – but is not limited to – inquiries to any applicable law enforcement agencies.

NOTARY PUBLIC:

_____, the above-named applicant, personally known by me, signed this application form in my presence, and being duly sworn, he/she states that he/she has read the above application form and that the answers given herein are true and correct, to the best of his/her knowledge and belief.

State of _____

County of _____

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

_____ _____

Notary Public Signature Commission Expiration Date

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§17-29-310. License requirements for out-of-state licenses. [Effective July 1, 2018.]

(a) A person holding a valid license as a crematory retort operatory, embalmer, or funeral director in another state, United States territory, or provincial authority for an appropriate time as determined by the State Board of Embalmers, Funeral Directors, Cemeteries, and Burial Services may apply for a license to practice in this state as a crematory retort operator, embalmer, or a funeral director, or both.

(b)

(1) An application shall be made by filing with the State Board of Embalmers, Funeral Directors, Cemeteries, and Burial Services a certified statement from the secretary of the examining board of the state, United States territory, or provincial authority in which the applicant holds his or her license, showing the basis upon which, the license was issued.

(2) Upon receipt of the application and fee, the State Board of Embalmers, Funeral Directors, Cemeteries, and Burial Services may issue a temporary working number that is valid for one (1) year from the date of issuance.

(c)

(1) To obtain a license, the applicant shall pass an exam to prove his or her proficiency, including without limitation knowledge of the laws and rules of this state pertaining to funeral service.

(2) An applicant may take the examination at one of the regularly scheduled examination sessions as determined by the State Board of Embalmers, Funeral Directors, Cemeteries, and Burial Services.

(3) If the State Board of Embalmers, Funeral Directors, Cemeteries, and Burial Services is satisfied with the proficiency of the applicant, upon receipt of the fees prescribed by the State Board of Embalmers, Funeral Directors, Cemeteries, and Burial Services, a license may be granted.

(4) Failure to meet testing requirements shall result in revocation of the temporary working number, and the applicant shall reapply and pay the reapplication fee prescribed by the State Board of Embalmers, Funeral Directors, Cemeteries, and Burial Services to be licensed under this subchapter.

Return 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

PROFESSIONAL REFERENCES

Reference 1:

I, the undersigned licensed ❑ crematory retort operator and/or ❑ funeral director, hereby certify that I have been personally acquainted with _____ of _____ for _____ years,
Applicant Name City/State

and that I know him/her to be a person of good moral character and worthy of favorable recognition by the Arkansas Insurance Department | State Board of Embalmers, Funeral Directors, Cemeteries, and Burial Services, and I further certify that _____ is qualified to receive a license as an embalmer or
Applicant Name

funeral director in the State of Arkansas.

_____ _____ _____
Reference 1 – Printed Name Reference 1 – Signature Date

_____ _____ _____ _____
Street/P.O. Box Address City State ZIP Code

_____ _____ _____ _____
Ref# 1 – Crematory Retort Operator License Number License State Ref# 1 – Funeral Director License Number License State

Reference 2:

I, the undersigned licensed ❑ crematory retort operator and/or ❑ funeral director, hereby certify that I have been personally acquainted with _____ of _____ for _____ years,
Applicant Name City/State

and that I know him/her to be a person of good moral character and worthy of favorable recognition by the Arkansas Insurance Department | State Board of Embalmers, Funeral Directors, Cemeteries, and Burial Services, and I further certify that _____ is qualified to receive a license as an embalmer or
Applicant Name

funeral director in the State of Arkansas.

_____ _____ _____
Reference 2 – Printed Name Reference 2 – Signature Date

_____ _____ _____ _____
Street/P.O. Box Address City State ZIP Code

_____ _____ _____ _____
Ref# 2 – Crematory Retort Operator License Number License State Ref# 2 – Funeral Director License Number License State

****IMPORTANT****

The *References* page must be completed and signed by two (2) licensed crematory retort operators and/or funeral directors. It is preferred that the crematory retort operators and/or funeral directors be licensed in Arkansas, where possible.

Return References Page 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

CERTIFICATION OF LICENSURE
(Must be completed and signed by the Licensing Board where applicant is currently licensed.)

Licensing State: _____

Applicant Name: _____

License #1:

License Type: _____

Date Issued: _____

Expiration Date: _____

Questionnaire:

1. Name of Cremation Certification Program licensee attended (attach copy if available):

   _____

2. Has the licensee been current and in "good standing" for a period of three (3) consecutive years or more with your State Board? ❑Yes ❑No If "No," please explain:_____

   _____

3. Has the licensee ever been disciplined by your State Board? (Revocation, suspension, probation, etc.)

   ❑ Yes ❑ No If "Yes," please explain and attach a copy of your final decision: _____

   _____

4. Are there any formal charges pending against the licensee? ❑ Yes ❑ No If "Yes," please attach explain and attach copy of complaint or formal order. _____

   _____

ATTESTATION:

Acting on behalf of _____, I hereby certify that the above information is true and correct, based on the records of this Board.

[State Board – Seal]

_____
Board Official – Printed Name

_____
Board Official – Signature

_____ _____
Title Date

****IMPORTANT****

The *Certification of Licensure* page must be completed and signed by the applicable State Board and returned directly 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

Cashier's Check, business check or money order: payable to AR Insurance Dept. - $22.00

ARKANSAS STATE POLICE

ASP 122
(Rev. 02/19/2019)

Identification Bureau
Individual Record Check Request Form

Last Name _____ First Name _____ Middle Name _____ Jr./Sr./III _____

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

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

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

Mailing Address: _____
Street/P.O. Box

City _____ State _____ Zip Code _____

APPLICANT RECORD NOTICE

Obtaining Copy: Procedures for obtaining a copy of the FBI criminal history record are set forth in Title 28, Code of Federal Regulations (CFR) Section 16.30 through 16.33 or the FBI website at http://www.fbi.gov/about-us/cjis/background-checks.

Change, Correction, or Updating: Procedures for obtaining a change, correction, or updating of an FBI criminal history record are set forth in Title 28, Code of Federal Regulations (CFR), Section 16.34.

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: _____ (First/MI/Last Name) Date: _____ (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/P.O. Box

City: Little Rock State: Arkansas Zip Code: 72202-2087

WHEN THIS PROPERLY COMPLETED REQUEST FORM IS SUBMITTED {OTHER THAN IN PERSON BY THE SUBJECT OF THE CHECK} THIS REQUEST 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 is the

_____ day of _____, 20 _____ .

_____
Notary Public

BELOW FOR OFFICE USE ONLY

☐ 82005 State Record Check

[redacted]