



STATE OF NEVADA
FUNERAL AND CEMETERY SERVICES BOARD

3740 Lakeside Drive, Suite 201, Reno, Nevada 89509
Phone (775) 825-5535 * Fax (775) 507-4102
Email: nvfuneralboard@fb.nv.gov * Website: <http://funeral.nv.gov/>

Request for Approval of Managing Funeral Director

Information

Any funeral establishment or direct cremation facility wishing to request approval of a new managing funeral director or transfer a managing funeral director from one location to another must complete this form and submit payment of \$225.

Required Documents

- Completed Request Form: Request forms are required to be completed in full.
- Fee: A non-refundable payment in the amount of \$225 must be submitted at time of request. Acceptable forms of payment include, check, money order or credit card and made payable to the "Nevada Funeral and Cemetery Services Board."

Establishment Location Information

Name of Location:		Permit #:
Physical address:		
City:	State:	Zip Code:
Phone Number:	E-mail Address:	

Preferred Mailing Address

Mailing Address: (All Board correspondence will be sent to this address.)		
City:	State:	Zip Code:

Proposed New Managing Funeral Director Information

Name:	License #	Proposed Start Date:
Physical Home Address:		
City:	State:	Zip Code:
Phone Number:	E-mail Address:	

Does the proposed new managing Funeral Director reside within 120 miles of the location?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If proposed new managing Funeral Director manages more than one location, are each of the locations within 120 miles of each other?	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Additional Locations Managed by Proposed Managing Funeral Director

1. Name of Location:		Permit #:	
Physical address:	City:	State:	Zip
2. Name of Location:		Permit #:	
Physical address:	City:	State:	Zip

Declaration of Applicant

I hereby declare under penalty of perjury, that I have the authority to complete this application and all of the information supplied herein is to the best of my knowledge true, accurate and complete and I have not withheld, misrepresented, or falsely stated any information relevant to this application.

_____ Signature of Authorized Representative of Location	_____ Date
_____ Print Name	_____ Title
_____ Signature of Proposed New Managing Funeral Director	_____ Date
_____ Print Name	

Credit Card Payment Information

Payment Method


 
 
 

Amount: \$ _____

Name on Credit Card: _____

Credit Card Number: _____

Expiration Month/Year: _____

Billing Address: _____

Billing City, State & Zip: _____

Email for Receipt: _____

Authorization

Signature: _____

By providing my signature, I authorize payment in the above amount to the Nevada Funeral and Cemetery Services Board for the above application.

For Board Use Only:

<input type="checkbox"/> Date Received:		<input type="checkbox"/> Approved	
<input type="checkbox"/> Fee Paid:	\$	<input type="checkbox"/> Denied	
<input type="checkbox"/> Ref. No.:		<input type="checkbox"/> Withdrawn	
<input type="checkbox"/> Temp Approval Date:		<input type="checkbox"/> Date Temp Permit Mailed:	
<input type="checkbox"/> Formal Approval Date:		<input type="checkbox"/> Date Permit Mailed:	