



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 approve a new managing funeral director or transfer a managing funeral director from one establishment to another must complete this form and submit with a check payable to the "Nevada Funeral and Cemetery Services Board" in the amount of \$225.

Required Documents

- Completed Request Form: Requests are required to be completed in full.
- Fee: A non-refundable check or money order made payable to the "Nevada Funeral and Cemetery Services Board" or by credit card (see below for details) in the amount of \$225 must be submitted at time of request.

Establishment Location Details

Name of Location:		Permit #:
Location Owned by:		
Physical Address:		
City:	State:	Zip Code:
Phone Number:	Fax #:	E-mail Address:
Current Approved Managing Funeral Director:		FD License #:

Proposed New Managing Funeral Director Details

Name of Proposed New Managing Funeral Director:	FD License #:	
Physical Home Address of Proposed New Managing Funeral Director:		
City:	State:	Zip Code:
Date proposed new managing Funeral Director will begin managing location:	Contact Phone #::	

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"/> Yes	<input type="checkbox"/> No
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If Funeral Director manages other locations, please list them below:

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

Street Address:

City, State & Zip:

Authorization

Signature: _____

By providing my signature, I authorize payment in the amount of \$225 to the Nevada Funeral and Cemetery Services Board for the above application.

For Board Use Only:

Date Received: _____	Amount Paid: _____	Check Number: _____
Date License Issued: _____	License Number: _____	CC Auth Number: _____