



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](mailto: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:	