



**State of New Hampshire**  
**OFFICE OF PROFESSIONAL LICENSURE AND CERTIFICATION**  
**DIVISION OF LICENSING AND BOARD ADMINISTRATION**  
7 Eagle Square, Concord, NH 03301-2412  
Phone: 603-271-2152

**APPLICATION FOR LICENSE RENEWAL: CREMATORIES**

License Number: \_\_\_\_\_ Expiration Date (MM/DD/YYYY): \_\_\_\_\_

**APPLICANT INFORMATION**

Full Legal Name\*: \_\_\_\_\_

\*Name shown on document(s) that created the entity

Each other name used when doing business in New Hampshire: \_\_\_\_\_

Legal form (check one):  Corporation  LLC  Professional Association  Partnership

Other: \_\_\_\_\_

Jurisdiction in which formed: \_\_\_\_\_ Date of Formation (MM/DD/YYYY): \_\_\_\_\_

Primary physical address in NH: \_\_\_\_\_

Street name & number, Suite # if any      Municipality      County      Zip Code

NH mailing address:  Check if same as physical address

IF DIFFERENT: \_\_\_\_\_

Street name & number or PO Box number      Town/City      Zip Code

Main telephone number: (     )     -     \_\_\_\_\_

Designated email address\*: \_\_\_\_\_

\* Email address to which notices, license will be sent

Name of Authorized Individual (AI): \_\_\_\_\_

AI Telephone Number: (     )     -     \_\_\_\_\_ AI email: \_\_\_\_\_

Other individuals authorized to interact with OPLC regarding the application, issued license (if any):

Name	Telephone Number	Email Address

List the name and address of each crematory owner:

Name	Address

**\*Please attach, for each owner, a criminal history records check from the department of safety. \***

List the name and address of each certified crematory operator:

Name	Address

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**\*Please attach, for each operator, an unexpired certified crematory operator certificate and a criminal history records check from the department of safety. \***

**Information on Current Licensure\* in Other Jurisdictions:**

Jurisdiction	License Number	Date most recently licensed	Status (in good standing, expired, suspended, revoked, denied renewal)

\* Includes licenses, certificates, registrations, or other form of approval required to practice

**For entities:** Do you consent to the disclosure of your designated email address?  No  Yes

*\* OPLC will not disclose this information unless authorized by you or unless ordered to do so by a court of competent jurisdiction.*

**Required Documentation**

**Each applicant must provide the following with this application:**

- A clear explanation of the relevant circumstances of any “yes” answer provided to a background and character question; and
- If a credential from a regional or national organization is required for renewal licensure, proof that the applicant holds the credential.

**Each applicant on active military duty must provide** proof of service status in the form of verification from the Defense Finance and Accounting Service at <https://www.dfas.mil/garnishment/verifyservice/>.

**Each applicant for facilitated licensure as a military spouse must provide:**

- (1) Proof of the spouse’s service status as stated above, and
- (2) Proof of marriage in the form of either:
  - a. A copy of the front and back of the applicant’s current military spouse identification card; or
  - b. A copy of the applicant’s official marriage certificate, and, if the certificate is not in English, an English translation of the certificate that is certified by the translator as being an accurate translation;

**Each applicant that is an entity must provide:**

- (1) A copy of the legal document that authorizes the individual identified above to sign the application on the applicant’s behalf; and
- (2) Confirmation from the New Hampshire secretary of state’s office that the entity applying for licensure is in good standing and authorized to do business in New Hampshire.

**Fee**

Application Processing Fee - as stated in Plc 1002, except no fee is required for facilitated licensure  
Inspection Fee – as stated in Plc 1003.06

If fee is paid by check or money order, the check or money order should be made payable to “Treasurer, State of New Hampshire.” If your application is denied, the Application Processing Fee will not be refunded.

**Signature and Attestation**

By signing below, the applicant attests that:

- The applicant is not under investigation by any professional licensing board and the applicant’s credentials have not been suspended or revoked by any professional licensing board, or a written explanation of each such occurrence is being submitted;
- If required by applicable law, the applicant has completed the survey or opt-out form provided by the Office of Rural Health, Department of Health and Human Services;

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- The information and documentation provided are true, complete, and not misleading to the best of the applicant's knowledge and belief;
- The applicant understands that providing false or misleading information constitutes grounds for denial, suspension, or revocation of a license; and
- The applicant understands that knowingly providing false material information constitutes a misdemeanor under RSA 641:3 relative to falsification in official matters.

Applicant's Signature: \_\_\_\_\_

Date Signed: \_\_\_\_\_