



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
FUNERAL HOMES & FUNERAL CHAPELS

Profession for which application is being filed: _____

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

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

**Office of Professional Licensing and Certification
7 Eagle Square - Concord, New Hampshire 03301
(603) 271-2152**

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;
- 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: _____