

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 261-7083
Phone #: (608) 266-2112

Ship To: 1400 E. Washington Avenue
Madison, WI 53703
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

FUNERAL DIRECTORS EXAMINING BOARD

INFORMATION FOR COMPLETING FUNERAL ESTABLISHMENT APPLICATION

AN APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:

1. **Application for Funeral Establishment Permit (Form #397)**
2. **\$75.00 Initial Credentialing Fee** – Must accompany the completed application. Please make check or money order payable to Department of Safety and Professional Services.
3. **Statement of Goods and Services** – Submit a copy of the Statement of Goods and Services.
4. **Pricing Card** - Submit a copy of the pricing card used in the merchandising room
5. **Current General Price List** – Submit a copy of the required price disclosures per FTC Regulations, 16 CFR 453.2.
6. **List of Caskets Available for Purchase** – Submit a copy of the list of caskets available for purchase.

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APPLICATION FOR FUNERAL ESTABLISHMENT PERMIT

PLEASE TYPE OR PRINT IN INK		<input type="checkbox"/> Your name and address are available to the public. Check box to withhold street address/PO Box number from lists of 10 or more credential holders (Wis. Stat. § 440.14).
Name of Establishment <input style="width:100%;" type="text"/>		Telephone Number of Establishment <input style="width:100%;" type="text"/>
Address of Establishment (street, city, state, zip) <input style="width:100%;" type="text"/>		FEIN of Establishment <input style="width:100%;" type="text"/>
Name of Individual or Business Entity Owner (if different) <input style="width:100%;" type="text"/>		Telephone Number of Owner <input style="width:100%;" type="text"/>
Address of Owner (street, city, state, zip) <input style="width:100%;" type="text"/>		Proposed Opening Date <input style="width:100%;" type="text"/>
Email Address <input style="width:100%;" type="text"/>		
Type of Ownership: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Owner <input type="checkbox"/> Other <input style="width:150px;" type="text"/>		Check One: <input type="checkbox"/> New Establishment <input type="checkbox"/> New Location <input type="checkbox"/> Change of Ownership or Control
Name of Full-Time Licensee in Charge <input style="width:100%;" type="text"/>		If change of location, list former Establishment License # <input style="width:100%;" type="text"/>
If change of ownership or control, list name of former individual or business entity owner <input style="width:100%;" type="text"/>		
Is this the only Establishment operated in Wisconsin by the owner listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, attach additional sheet listing other establishments and their locations.		
Is the owner listed above controlled by another entity or a subsidiary of another corporation or business entity? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list entity <input style="width:150px;" type="text"/>		

APPLICATION FEES: Please check applicable box. Make check payable to DSPS and attach to this application.

- I am seeking a Veteran Fee Waiver** (for Initial Credential Fee only, see page 2 for further information)
- Initial Credential Fee**
\$ 75.00 Total Fee Attached
- Reinstatement Fee** (credential expired more than 5 years)
 \$ 170.00 Renewal Fee
 \$ 25.00 Late Renewal Fee
\$ 195.00 Total Fee Attached

For Receipting Use Only (78)

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ARE YOU A VETERAN? If yes, please view the Department website at <http://dsps.wi.gov> under “License, Permits, and Registrations” and select “Military Benefits Related to Licensure for Eligible Veterans Services Members and Spouses” for eligibility requirements.

If you qualify, are you requesting a waiver of your initial credentialing fee? Yes No

If Yes, provide a copy of your Department of Veterans Affairs voucher code and list your DVA Voucher Code Number:

If you qualify, are you requesting equivalency of your Military Training and experience? Yes No

If Yes, complete and return the Veteran Request Application Addendum (**Form #2996**). This form must be included with this application.

If you qualify, are you requesting Temporary Spousal Reciprocal License? Yes No

If Yes, do not complete this form. You must complete and return the Application for Temporary Spousal Reciprocal License (**Form #2982**).

You may contact the DVA at 1-800-WisVets or www.WISVET.com for assistance in obtaining your DVA Voucher Code and/or documents related to your training.

RENEWAL REQUIREMENTS: Please view the Department website at <http://dsps.wi.gov> and select the “Professional Credential Renewal Information.”

ANSWER THE FOLLOWING QUESTIONS (attach additional sheet(s) if necessary)

1.	Has the owner/operator of the establishment ever surrendered, resigned, canceled, or been denied a professional license or other credential in Wisconsin, or any other jurisdiction? If yes, give details on an attached sheet, including the name of the profession and the agency.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Has any licensing or other credentialing agency ever taken any disciplinary action against the owner/operator of the establishment, including but not limited to any warning, reprimand, suspension, probation, limitation, or revocation? If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Is disciplinary action pending against the owner/operator of the establishment in any jurisdiction? If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Has the owner/operator of the establishment ever been convicted of a misdemeanor, felony, or other violation of federal, state, or local law or does the owner/operator of the establishment have any felony, misdemeanor or other violation of federal, state, or local law charges pending against him/her in this state or any other? This includes municipal ordinances resulting only in monetary fines or forfeitures and convictions resulting from a plea of no contest, a guilty plea or verdict. If yes, submit Convictions and Pending Charges (Form #2252).	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Have any suits or claims ever been filed against the owner/operator of the establishment as a result of professional services? If yes, attach a copy of the claim or suit and a copy of the final settlement or disposition.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Is the owner/operator of the establishment registered or licensed in any other profession(s)? If yes, state what profession(s) and in what state(s): <input style="width: 95%; height: 25px;" type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Has the owner/operator of the establishment ever been credentialed under any other name(s)? If yes, state name(s) credentialed under: <input style="width: 95%; height: 25px;" type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

List partners or corporate officers of the Funeral Establishment

Name <input style="width: 95%; height: 25px;" type="text"/>	Title <input style="width: 95%; height: 25px;" type="text"/>
Name <input style="width: 95%; height: 25px;" type="text"/>	Title <input style="width: 95%; height: 25px;" type="text"/>
Name <input style="width: 95%; height: 25px;" type="text"/>	Title <input style="width: 95%; height: 25px;" type="text"/>
Name <input style="width: 95%; height: 25px;" type="text"/>	Title <input style="width: 95%; height: 25px;" type="text"/>

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List all persons employed in this Funeral Establishment (attach additional sheet(s) if there are employees)

Name of Licensed Employee <input style="width: 95%; height: 20px;" type="text"/>	Name of Licensed Employee <input style="width: 95%; height: 20px;" type="text"/>
Name of Non-Licensed Employee <input style="width: 95%; height: 20px;" type="text"/>	Name of Non-Licensed Employee <input style="width: 95%; height: 20px;" type="text"/>
Name of Registered Apprentice <input style="width: 95%; height: 20px;" type="text"/>	Name of Registered Apprentice <input style="width: 95%; height: 20px;" type="text"/>

ANSWER THE FOLLOWING QUESTIONS (attach additional sheet(s) if necessary)

1.	Are any of the licensed funeral directors in this establishment financially, through an ownership or operation interest, or otherwise, connected with a Wisconsin cemetery? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Is the owner or operator of this establishment financially, through an ownership or operation interest or otherwise, connected with a Wisconsin cemetery? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	If the owner or operator of this establishment is controlled by another business entity or is a subsidiary of another business entity, is the controlling business entity or the parent business entity, through an ownership or operation interest, or otherwise, connected with a Wisconsin cemetery? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Is the building or structure in which this proposed funeral establishment located affixed to real property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Does this proposed funeral establishment have its own preparation room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Is the licensed funeral director in charge of this proposed funeral establishment also in charge of not more than two other establishments and does at least one of these establishments have a preparation room? If yes, provide the name, license number and location of the establishment with the preparation room to be used for this proposed establishment. <input style="width: 95%; height: 20px;" type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Is the operator of this proposed establishment an operator of a medical care institution as defined in Wis. Stats. § 610.70(1)(3), or a church, synagogue, mosque, or any organization, whether or not organized under Wis. Stats § 187, that operates under a creed as defined in Wis. Stats. § 111.32(3m)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

ANSWER THE FOLLOWING QUESTIONS

YES NO

- | | | |
|--------------------------|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Funeral Director's licenses and certificates of apprenticeship are displayed conspicuously in the place of business. (Wis. Stats. § 445.09) |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Board-issued Funeral Establishment permit will be displayed conspicuously in the funeral establishment. (Wis. Stats. § 445.105(1)) |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. We have prepared the required price disclosures. (FTC Regulations, 16 CFR 453.2) |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Every installation used for embalming operations has a floor area of not less than 100 square feet per embalming table and is used solely for embalming. The embalming area is isolated by walls or adequate partitions. (Wis. Admin. Code § FD 1.09(1)) |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. The walls and furniture of the embalming installation area are constructed of material that is easily washed and disinfected. (Wis. Admin. Code § FD 1.09(1)) |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. The installation used for embalming is equipped with hot and cold running water supply under pressure and is in quantity sufficient for operations performed therein and for cleaning the room. (Wis. Admin. Code § FD 1.09(1)) |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Waste water flows into the main sewer, if available, or an adequate septic tank. (Wis. Admin. Code § FD 1.09(1)) |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Hand washing facilities are easily accessible. (Wis. Admin. Code § FD 1.09(1)) |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. All preparation rooms are equipped with adequate sanitary facilities so that no health hazards are produced as a result of embalming operations performed therein. (Wis. Admin. Code § FD 1.09(2)) |

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- 10. All preparation rooms are equipped with a ventilating system capable of expelling gas or fumes to an outside point so as not to create a nuisance. (Wis. Admin. Code § FD 1.09(3))
 - 11. All preparation rooms are equipped with a hard surface, metal or porcelain top embalming table. (Wis. Admin. Code § FD 1.09(3))
 - 12. All preparation rooms are equipped with a set of essential embalming instruments and a supply of disinfectants. (Wis. Admin. Code § FD 1.09(3))
 - 13. All preparation rooms, equipment, instruments and supplies are in a clean and sanitary condition. (Wis. Admin. Code § FD 2.10(1))
 - 14. We have prepared a protocol and made it available to staff, relating to handling a body that contains radioisotope. (Wis. Admin. Code § FD 2.11)
 - 15. Embalming fluid has been diluted to the percentage of concentration recommended by the manufacturer of the embalming fluid. (Wis. Admin. Code § DHS 136.05)
 - 16. We have prepared an Exposure Control Plan and made it accessible to staff, designed to eliminate or minimize exposure to blood or other potentially infectious materials. (OSHA Regulation. See 29 CFR 1910.1030)
 - 17. Personal protective equipment is available, including gloves, gowns, face shields, masks, drench showers, eye washers, and eye protection. (OSHA Regulation. See 29 CFR 1910.1030)
 - 18. We will comply with the requirements, relating to regulated waste containers. (OSHA Regulation. See 29 CFR 1910.1030)
 - 19. We will follow precautions relating to formaldehyde, including respiratory protection, protective gloves, eye protection and protective clothing. (OSHA Regulation. See 29 CFR 1910.1030)
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CONTINUING DUTY OF DISCLOSURE

I understand that I have a continuing duty of disclosure during the application process. If information I have provided in this application becomes invalid, incorrect or outdated, I understand that I am obliged to provide any necessary information to ensure the information on my application remains current, valid, and truthful. I understand that Credentialing authorities may view acts of omission as dishonesty and that my duty of disclosure during the application process exists until licensure is granted or denied.

AFFIDAVIT OF APPLICANT

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure, and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I've provided to the Department of Safety and Professional Services change.

Sign of Owner/Operator, Officer or Partner: Date: / /

Print name of person signing above: