

**APPLICATION FOR TRANSPORTATION SERVICE PERMIT**

INSTRUCTIONS

- 1) This application must be typed or printed legibly in ink, signed by the applicant, and notarized. Illegible applications will be returned to the applicant.
- 2) This application must be accompanied by a fee of \$200.00. Review permit requirements carefully as the fee is non-refundable. Pursuant to 21 NCAC 34A .0202 and N.C.G.S. 25-3-506, a fee of \$35.00 will be charged for returned checks.
- 3) All applicants must provide the following:
  - a. If owned by a partnership, a copy of the applicant's partnership agreement;
  - b. If owned by a corporation, a copy of the applicant's Articles of Incorporation and proof that the corporation is in good standing with the NC Secretary of State. Status information available at [https://www.sosnc.gov/online\\_services/search/by\\_title/Business\\_Registration](https://www.sosnc.gov/online_services/search/by_title/Business_Registration);
  - c. If owned by a limited liability company, a copy of the applicant's articles of Organization and proof that the limited liability company is in good standing with the NC Secretary of State. Status information available at [https://www.sosnc.gov/online\\_services/search/by\\_title/Business\\_Registration](https://www.sosnc.gov/online_services/search/by_title/Business_Registration);
  - d. If conducting business in a different name than that of its owning entity, a copy of the applicant's Certificate of Assumed Name;
  - e. A copy of valid NC-issued driver's licenses for all licensees who will be working for the applicant;
  - f. A copy of all liability insurance required for the registration of each removal vehicle to be used by the Transportation Service;
  - g. A copy of the professional liability insurance covering the acts and omissions of all individual engaged in removal or transportation on behalf of the applicant;
- 4) Applications that are not completed within ninety (90) days of submission to the North Carolina Board of Funeral Service shall be denied.
- 5) Upon receipt of a completed application, the Board will provide the owners, partners, managers, members, operators or officers of the business entity applying for licensure with instructions on how to submit to a criminal background check, along with the appropriate fee.

1. Legal Name of Transportation Service: \_\_\_\_\_

2. Other Names under which the Transportation Service Conducts Business: \_\_\_\_\_

3. Physical Address at which Business Records of the Transportation Service will be held: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address of Transportation Service (if different than Physical Address): \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Work Phone #: \_\_\_\_\_ Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

4. E-mail address: \_\_\_\_\_

5. Name of the Individual or Entity that owns the Transportation Service: \_\_\_\_\_

6. Structure of Ownership (sole proprietorship, partnership, corporation, or LLC): \_\_\_\_\_

(a) Name of Sole Proprietor and Transporter Permit Number: \_\_\_\_\_

(b) For Partnership or LLC, list each partner / member and his or her respective percentage of ownership: \_\_\_\_\_

\_\_\_\_\_

(c) For Corporation, list the name of each corporate officer and his or her position: \_\_\_\_\_

7. For Each Vehicle to be Used for Removal and Transportation by the Transportation Service:

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

License Plate Number: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

License Plate Number: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

License Plate Number: \_\_\_\_\_

**[USE ADDITIONAL PAGES IF NECESSARY]**

8. List all individuals who will be engaged in the removal or transportation on behalf of the Transportation Service

**[USE ADDITIONAL PAGES IF NECESSARY]**

Name	License Type and #	Full-Time	Part-Time	Per Case
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

9. Whether the Transportation Service or any of its owners, partners, managers, members, operators, or officers ever has had any occupational or business licensee which has been denied, suspended, or revoked by any local, state, or federal agency?

\_\_\_\_\_ Yes \_\_\_\_\_ No **If yes, attach a statement providing complete details as to the reason for denial and the date, location and details of any violation that led to action against your license, the terms of any discipline imposed by the licensing authority and whether said terms have been satisfied.**

10. Has OCME ever terminated the ability of the Transportation Service or any of its owners, partners, managers, members, operators, or officers to provide removal or transportation services on behalf of OCME?

\_\_\_\_\_ Yes \_\_\_\_\_ No **If yes, the reasons for said termination, if known.**

11. Whether the owner, partners, manager, member, operator or officer of the Transportation Service ever has been convicted of any felony or misdemeanor crime(s) (other than traffic infractions)?

\_\_\_\_\_ Yes \_\_\_\_\_ No **If yes, attach a detailed statement providing the jurisdiction, charge, and disposition of each conviction.**

12. Within the preceding two (2) years, has the Transportation Service been the subject of any investigation for employee misclassification, as defined by G.S. 143-786(a)(5)?

\_\_\_\_\_ Yes \_\_\_\_\_ No **If yes, attach a statement giving complete details as to the results of the investigation.**

**NC INDUSTRIAL COMMISSION PUBLIC NOTICE STATEMENT**

Any worker who is defined as an employee by N.C. Gen. Stat. §§ 95-25.2(4)(NC Department of Labor), 143 762(a)(3)(Employee Fair Classification Act), 96-1(b)(10)(Employment Security Act), 97-2(2)(Workers' Compensation Act), or 105-163.1(4)(Withholding; Estimated Income Tax for Individuals) shall be treated as an employee unless the individual is an independent contractor. Any employee who believes that the employee has been misclassified as an independent contractor by the employee's employer may report the suspected misclassification to the Employee Classification Section within the

North Carolina Industrial Commission: Employee Classification Section, North Carolina Industrial Commission, 1233 Mail Service Center Raleigh, NC 27699-1233 Telephone: (919) 807-2582 Fax: (919)715-0282 Email: [emp.classification@ic.nc.gov](mailto:emp.classification@ic.nc.gov)

Employee misclassification is defined as avoiding tax liabilities and other obligations imposed by Chapter 95, 96, 97, 105, or 143 of the North Carolina General Statutes by misclassifying an employee as an independent contractor.

VERIFICATION BY APPLICANT State of North Carolina, County of \_\_\_\_\_

The majority owner of the Transportation Service, \_\_\_\_\_ (name), being first duly sworn, deposes and says that:

- he (she) is the majority owner named in the foregoing application;
- he (she) has prepared and read the foregoing application and answers provided and that the same is true of his (her) own knowledge except as to matters and things therein stated on information belief and that as to such matters and things, he(she) believes them to be true;
- he (she) has read and understands the public notice statement on employee misclassification that is set forth in the application and has disclosed any investigations for employee misclassification, and its results, over the preceding two-year period, as prescribed by G.S. 143-789;
- he (she) has read and understands the statutes and rules relating to the removal or transportation, as well as the standards of OSHA for universal precautions and blood-borne pathogens, 29 C.F.R. 1910.1030; and
- he (she) consents to the Board’s ability to conduct a background check on his (her) criminal history.

\_\_\_\_\_  
Signature of Applicant

STATE OF NORTH CAROLINA COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_

**Name of Applicant**

day of \_\_\_\_\_, 20 \_\_\_\_.

**SEAL**

\_\_\_\_\_  
**Notary Public – Official Signature**

My commission expires: \_\_\_\_\_

\_\_\_\_\_  
**Notary Public – Printed Name**