



NORTH CAROLINA BOARD OF FUNERAL SERVICE

1033 WADE AVE., SUITE 108  
RALEIGH, NC 27605

PHONE (919) 733-9380  
FAX (919) 733-8271

**APPLICATION FOR HYDROLYSIS LICENSEE 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 \$400.00. 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 \$25.00 will be charged for returned checks.
- 3) A license will not be issued until the applicant has passed a hydrolysis licensee inspection and submitted each of the following:
  - a. proof that the applicant has the right to occupy the premises to be occupied by hydrolysis licensee (e.g. deed of trust, lease agreement, etc.); and
  - b. copies of current educational certificates confirming that the Hydrolysis Manager and each Hydrolysis Technician employed by the hydrolysis licensee has attended a training course approved by the Board. The Board shall recognize the hydrolysis certification program that is conducted by the Cremation Association of North America (CANA).
- 4) If the Hydrolysis Manager does not hold an active funeral service or funeral directing license issued by the NC Board of Funeral Service, an Application for Hydrolysis Manager Permit and fee of \$150.00 is required.
- 5) If the hydrolysis licensee is owned by a partnership, this application must be accompanied by a copy of the partnership agreement.
- 6) If the hydrolysis licensee is owned by a corporation, this application must be accompanied by:
  - a. a copy of the Articles of Incorporation of the owning entity; and
  - b. proof that the corporation is in good standing with the NC Secretary of State. You can search for entity status information at: [https://www.sosnc.gov/online\\_services/search/by\\_title/Business\\_Registration](https://www.sosnc.gov/online_services/search/by_title/Business_Registration).
- 7) If the hydrolysis licensee is owned by a limited liability company, this application must be accompanied by:
  - a. a copy of the Articles of Organization of the owning entity; and
  - b. proof that the limited liability company is in good standing with the NC Secretary of State. You can search for entity status information at: [https://www.sosnc.gov/online\\_services/search/by\\_title/Business\\_Registration](https://www.sosnc.gov/online_services/search/by_title/Business_Registration).
- 8) If the hydrolysis licensee will conduct business in a different name than that of its owning entity, this application must be accompanied by a Assumed Business Name Certificate (N.C.G.S. § 66-71.5).
- 9) Applications that are not completed within ninety (90) days of submission to the North Carolina Board of Funeral Service shall be denied.

1. Operating Name to be used by Hydrolysis Licensee: \_\_\_\_\_

2. Physical Address of Hydrolysis Licensee: \_\_\_\_\_

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

3. Mailing Address of Hydrolysis Licensee (if different than Physical Address): \_\_\_\_\_

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

3. Phone # of Hydrolysis Licensee: \_\_\_\_\_ Fax # of Hydrolysis Licensee: \_\_\_\_\_

4. E-mail Address of Hydrolysis Licensee: \_\_\_\_\_

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

6. (a) Name of Sole Proprietor: \_\_\_\_\_  
 (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. Name(s) and address(es) of any related business(es) (e.g. funeral establishment, cemetery, etc.): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
8. Description of hydrolysis facility:  
 (a) Type of building used (brick, block, wood, metal): \_\_\_\_\_  
 (b) Will the building stand alone? Yes \_\_\_\_\_ No \_\_\_\_\_
9. Facilities and Equipment:  
 (a) Does the applicant have a holding facility? Yes \_\_\_\_\_ No \_\_\_\_\_  
 (b) What is the square footage of the holding facility? \_\_\_\_\_  
 (c) Hydrolysis Chamber:  
 (i) Manufacturer: \_\_\_\_\_  
 (ii) Model: \_\_\_\_\_ (iii) Year Manufactured: \_\_\_\_\_  
 (iv) Is the hydrolysis chamber commercially manufactured, within hydrolysis facility, and made specifically for the hydrolysis of human remains? Yes \_\_\_\_\_ No \_\_\_\_\_  
 (v) Does the hydrolysis chamber have an ash collection pan? Yes \_\_\_\_\_ No \_\_\_\_\_  
 (vi) Is the hydrolysis chamber approved by UL or comparable testing agency?  
 Yes \_\_\_\_\_ No \_\_\_\_\_
- (d) Pulverization Equipment:  
 (i) Manufacturer: \_\_\_\_\_  
 (ii) Model: \_\_\_\_\_ (iii) Year Manufactured: \_\_\_\_\_  
 (iv) Is the machine commercially manufactured, located within hydrolysis facility, made specifically for pulverization of hydrolyzed remains? Yes \_\_\_\_\_ No \_\_\_\_\_  
 (vii) Is the machine capable of consistently processing hydrolyzed remains to unidentifiable dimensions?  
 Yes \_\_\_\_\_ No \_\_\_\_\_  
 (viii) Does the machine have a dust-resistant processing chamber? Yes \_\_\_\_\_ No \_\_\_\_\_  
 (ix) Does the machine have an exterior surface made of easily cleaned, non-corrosive material?  
 Yes \_\_\_\_\_ No \_\_\_\_\_
- (e) Refrigeration Units:  
 (i) Manufacturer: \_\_\_\_\_  
 (ii) Model: \_\_\_\_\_ (iii) Year Manufactured: \_\_\_\_\_  
 (iv) Is the refrigeration unit located in the holding facility of the building? Yes \_\_\_\_\_ No \_\_\_\_\_  
 (v) If the applicant answered no to question 9(e)(iv), provide the address and name of the owner(s) of the premises where the refrigeration unit is located? \_\_\_\_\_  
 \_\_\_\_\_  
 (vi) Number of refrigeration unit(s): \_\_\_\_\_ (vii) Capacity of each refrigeration unit: \_\_\_\_\_

- (viii) Is/are the refrigeration unit(s) capable of maintaining an interior temperature of 40 degrees Fahrenheit while loaded with the maximum number of bodies for which the refrigeration unit was designed?  
Yes \_\_\_\_\_ No \_\_\_\_\_
- (ix) Do/does the refrigeration unit(s) have sealed concrete, stainless steel, galvanized, aluminum, or other easily cleaned flooring in walk-in units? Yes \_\_\_\_\_ No \_\_\_\_\_
- (x) Do/does the refrigeration unit(s) have stainless steel, aluminum, or other non-corrosive and easily cleaned surface for the remainder of the interior of all units? Yes \_\_\_\_\_ No \_\_\_\_\_

10. Full Name of Hydrolysis Manager: \_\_\_\_\_

11. Full name(s) and address(es) of Hydrolysis Technician(s):  
\_\_\_\_\_  
\_\_\_\_\_

**Per N.C.G.S. §§ 90-210.136(c) and 90-210.123(g)(15),**

**it is unlawful for anyone other than a licensee of the Board or a hydrolysis technician to perform a hydrolysis.**

12. Within the preceding two (2) years, has the Hydrolysis Licensee, or any individual with an ownership interest therein, been the subject of any investigation for employee misclassification?

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

**VERIFICATION BY APPLICANT**

State of North Carolina, County of \_\_\_\_\_

\_\_\_\_\_ (Hydrolysis Manager), being first duly sworn, deposes and says that he (she) is the registered Hydrolysis Manager of the applicant for a hydrolysis licensee permit; that he (she) is the person who prepared the foregoing application; that he (she) has read the foregoing application and that the same is true of his (her) own knowledge except as to matters and things therein stated on information and belief and that as to such matters and things he (she) believes them to be true. The applicant understands that, should a license be granted, it may be revoked or suspended under the provisions of Article 13C, Chapter 90, General Statutes of North Carolina and the Rules and Regulations of the Board of Funeral Service adopted pursuant to said Article.

\_\_\_\_\_  
**Signature of Hydrolysis Manager**

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**