



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 MANAGER 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 \$150.00. 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) All applicants must:
  - a. be at least 18 years of age;
  - b. be of good moral character; and
  - c. provide a copy of his or her current educational certificate confirming that the applicant has attended a training course approved by the Board. The Board shall recognize the hydrolysis certificate program that is conducted by the Cremation Association of North America (CANA).
- 4) Applications that are not completed within thirty (30) 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 you with instructions on how to submit fingerprints to the NC State Bureau of Investigation for a criminal background check, along with the appropriate fee.

1. Full Name: \_\_\_\_\_

2. Physical Address of Personal Residence: \_\_\_\_\_

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

Mailing Address of Personal Residence (if different than Physical Address): \_\_\_\_\_

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

3. Name of Hydrolysis Licensee for which applicant is seeking a Hydrolysis Manger Permit:  
\_\_\_\_\_

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

5. E-mail address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

6. Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

7. Have you ever had any occupational or business license 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.**

8. Have you ever 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.**
9. Within the preceding two (2) years, have you 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 \_\_\_\_\_

\_\_\_\_\_ (Applicant), being first duly sworn, deposes and says that he (she) is the applicant named in 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 belief and that as to such matters and things, he(she) believes them to be true. The applicant understands that, should a permit be granted, it may be revoked or suspended under the provisions of Article 13A, Chapter 90, North Carolina General Statutes and the Rules of the Board of Funeral Service adopted pursuant to said Article.

\_\_\_\_\_  
**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**