



NORTH CAROLINA BOARD OF FUNERAL SERVICE

1033 WADE AVE., SUITE 108
RALEIGH, NC 27605

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

2020 HYDROLYSIS LICENSEE RENEWAL APPLICATION

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. Incomplete applications will be denied.
- 2) This application must be accompanied by a non-refundable fee of \$150.00. 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) Hydrolysis Licensee permits expire on December 31, 2019. This application for renewal and fee for the 2020 permit are due on December 31, 2019. Renewal applications received after February 1, 2020 must include a \$75.00 late fee. Hydrolysis Licensees may also be subject to additional disciplinary action if found to have conducted or offered to conduct any activities requiring a hydrolysis licensee permit between January 1, 2020 and the date of the renewal.

1. Name of Hydrolysis Licensee: _____

2. Physical Address of Hydrolysis Licensee: _____

City: _____ County: _____ Zip: _____

Mailing Address of Hydrolysis Licensee (if different than Physical Address): _____

City: _____ County: _____ Zip: _____

Name and Address of any affiliated Funeral Establishment(s), if applicable:

City: _____ County: _____ Zip: _____

3. Phone # of Hydrolysis Licensee: _____ Fax # of Hydrolysis Licensee: _____

4. E-mail Address of Hydrolysis Licensee: _____

5. Ownership of Hydrolysis Licensee (sole-proprietor, partnership, corporation, or LLC): _____

6. Name(s) of sole proprietor, partners, LLC members, or corporate officers (include position held): _____

7. Have any changes been made to the hydrolysis building since the last renewal? Yes _____ No _____

If yes, please provide a description of the changes. _____

8. Have any changes been made to the following facilities and equipment since the last renewal?

a. Holding Facility Yes _____ No _____

b. Hydrolysis Chamber Yes _____ No _____

c. Pulverization Equipment Yes _____ No _____

d. Refrigeration Units Yes _____ No _____

(PLEASE COMPLETE BOTH SIDES)

Please provide a description of any changes acknowledged for items in question 8. _____

9. Name of Hydrolysis Manager, and license number, if applicable: _____

Address: _____

Telephone #: _____ Fax #: _____ E-mail: _____

10. Name(s) and address(es) of Hydrolysis Technician(s), and license number, if applicable:

**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.**

11. Please attach to this application 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 certificate program that is conducted by the Cremation Association of North America (CANA). **Please note that renewal applications submitted without this documentation will not be approved.**

12. If the Hydrolysis Licensee is owned by a corporation or limited liability company, you must attach to this application documentation that the corporation or limited liability company is in good standing with the NC Secretary of State. You can search for this documentation at: https://www.sosnc.gov/online_services/search/by_title/Business_Registration. **Please note that renewal applications submitted without this documentation will not be approved.**

13. Does the Hydrolysis Licensee operate a cremation/hydrolysis society? _____ Yes _____ No

If yes, list the name of the society. _____

14. Since last year's renewal, 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.**

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), 143-786(a)(5)(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

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 _____

_____ (Hydrolysis Manager), certify that he (she) is the registered Hydrolysis Manager of the Hydrolysis Licensee applying for renewal; 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.

I further certify that I have read the NC Industrial Commission Public Notice Statement above and that I understand it.

Signature of Hydrolysis Manager