

NORTH CAROLINA BOARD OF FUNERAL SERVICE

1033 WADE AVE., SUITE 108 RALEIGH, NC 27605

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

2024 HYDROLYSIS MANAGER PERMIT 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 \$40.00. 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) Hydrolysis manager permits expire on December 31, 2023 This application for renewal and fee for the 2024 permit are due on December 31, 2023. Hydrolysis managers may be subject to disciplinary action if found to have conducted or offered to conduct any activities requiring a hydrolysis licensee permit between January 1, 2024 and the date of the renewal.

1.	Full Name:									
2.	Physical Address of Personal Residence:									
	City: Zip:									
	Mailing Address of Personal Residence (if different than Physical Address):									
	City: Zip:									
3.	Name and Address of Hydrolysis Licensee:									
4.	Work Phone #: Home Phone #: Cell Phone # :									
5.	E-mail address:									
6.	Since last year's renewal, have you been convicted of any felony or misdemeanor crime(s) (excluding traffic infractions)?									
Yes No If yes, attach a detailed statement providing the jurisdiction, charge, and dispos conviction.										
7.	7. Since last year's renewal, have you had any occupational or business license which has been denied, suspended, or revoked by any locate, 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.	Since last year's renewal, have you been the subject of adverse action by any local, state, or federal agency?									
Yes No If yes, attach a statement giving complete details as to location, date, ar adverse action. Also, include the terms of any action taken by the authority and if those terms have bee completed.										

9.	9. Since last year's renewal, have you been the subject of any investigation for employee misclassification?								
	Yes	No	If yes, attach a	statement givi	ing complete	details as to	the results o	of the investigation.	
N	C INDUSTRIAL C	OMMISSIC	ON PUBLIC NOTICE	STATEMENT					
78 10 in by No	36(a)(5)(Employ 05-163.1(4)(Wit dependent cont of the employee orth Carolina Ir	ee Fair Cla hholding; E tractor. Any 's employe ndustrial Co	ssification Act), 96- stimated Income T y employee who be r may report the s ommission: Employ	-1(b)(10)(Emploax for Individualieves that the suspected miscone	oyment Secur lals) shall be t employee had classification to ion Section, N	ity Act), 97-2 reated as an s been miscla to the Emplo lorth Carolin	2(2)(Workers employee u ssified as an yee Classific a Industrial	tment Of Labor), s' Compensation Act nless the individual independent contratation Section within Commission, 1233 classification@ic.nc.g	t), or is an actor n the Mai
			s defined as avoidir eneral Statutes by r	_		_		apter 95, 96, 97, 10 ctor.	15, or
VI	ERIFICATION BY	APPLICAN	<u>ıT</u>	State of	North Carolin	a, County of			
ex be ur	ccept as to matt	ers and thi be true. Th ons of Artic	ngs therein stated one applicant unders tle 13A, Chapter 90	on information stands that, sho	plication and belief and thould a permit	that the sam at as to such be granted, i	e is true of h matters and t may be rev	oked or suspended	edge
l f	urther certify th	nat I have r	ead the NC Industri	al Commission	n Public Notice	e Statement a	above and th	nat I understand it.	
						Signature of Applicant			
							Form	n BFS-53(r), 11/2019	