

IDAHO BOARD OF MORTICIANS
Idaho Division of Occupational and Professional Licenses
11341 W. Chinden Blvd., Bldg #4, Boise ID 83714 or
PO Box 83720, Boise ID 83720-0063
Phone: (208) 334-3233 Website: <https://dopl.idaho.gov>
E-mail: mor@dopl.idaho.gov

APPLICATION CHECKLIST FOR CERTIFICATE OF AUTHORITY

Please complete this form by printing or typing the requested information and attaching any requested documentation. Your signature must be notarized and the appropriate fee must be attached. Submit the completed form to the address noted above. Questions regarding this application or the requirements for licensure may be addressed to the address or number above. **Incomplete applications that do not include all the items required (excluding those items that must be sent directly to our office from an issuing authority) will delay licensure.**

Application Checklist:

- Completed application.
- Application fee of \$100.00.
- Original license fee of \$50.
- A copy of the contract being used.
- Proof of identification – a clear, readable color copy of a government-issued photo ID such as a passport, military ID, or valid driver’s license
- Please keep a copy of this application for your records.

FEES ARE NOT REFUNDABLE. Please make checks and money orders payable to IDOPL. All returned checks are subject to a \$20.00 fee and the application will be invalid.

All applicants must review the Idaho laws & rules prior to licensure. Please note that according to Section Idaho Code § 54-1103, you must be licensed to practice. The Board’s Laws and Rules may be downloaded at: <https://dopl.idaho.gov> under the Morticians link.

ATTENTION MEMBERS AND SPOUSES OF MEMBERS OF THE ARMED SERVICES

If you are a member of the armed forces, an honorably discharged veteran or the spouse of an active member or veteran of the military, you are entitled to certain benefits because of your service. Those benefits may include expedited processing of your application and credit for military training that is relevant to the occupational license/registration for which you are applying.

For a full explanation of eligibility and a comprehensive description of benefits available, see [Idaho Code §§ 67-9401-9407](#). Additionally, active members of the military may be eligible for a waiver of renewal fees and other renewal requirements, see [Idaho Code § 67-2602A](#).

Note: The applicant’s signature must be notarized. The applicants must declare the answers provided are true in front of a notary (jurat). The language “subscribed and sworn” must appear before the applicant’s signature. An “acknowledgement” where the notary only verifies the identity of the applicant is not acceptable.

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APPLICATION FOR CERTIFICATE OF AUTHORITY

An application fee of \$100.00 and a license fee of \$50.00 must be submitted with this application.

I hereby make application for a Certificate of Authority in the State of Idaho under the provisions of § 54-1129 & § 54-1132, Idaho Code, and provide the following:

1. **Name of Funeral Establishment** _____ **FE License #** _____
2. **Establishment Address** _____
Street/PO Box _____ City _____ State _____ Zip _____
3. **Business Phone** (____) _____ **Other** (____) _____ **E-mail** _____
(The above phone number is a public record.) (The above phone number is not a public record.) (This is not a public record; required by I.C. § 67-2609.)
4. **Employer Identification Number (EIN)** _____
(This is not a public record; required by I.C. § 73-122.)
5. **Please list the Resident Mortician for the Funeral Establishment** _____
6. **License number for Resident Mortician** _____

Please note that in questions number 7, 8, 9, and 10, the phrase “anyone with an interest in the applicant” refers to interests owned by an individual, firm, partnership, limited liability company, limited liability partnership, corporation, trust, association, or other entity or organization capable of conducting business, or any combination thereof acting as a unit. The phrase “any jurisdiction” refers to the federal government or any city, county or state including Idaho.

7. **Has anyone with an interest in the applicant ever been licensed as a mortician or funeral director in any state?** () Yes () No

(If Yes, identify and list who has been licensed or registered, the jurisdiction and license/registration numbers.)

8. **Has anyone with an interest in the applicant ever had any license, certification, or registration denied, revoked or suspended?** (If yes, please attach a detailed statement, including a copy of the charges and the final order.) () Yes () No

9. **Has anyone with an interest in the applicant ever been convicted of any State or Federal felony or crime?** () Yes () No
(If yes, please attach a detailed statement, including a summary of the charges, the final order, any probation or parole documentation, and any other relevant information.)

10. **Please attach a copy of each form of contract you will use.** (Each contract form must comply with the form and content and priced disclosure requirements of Idaho Code § 54-1133.)

AFFIDAVIT

Upon oath I certify each of the following: (1) the responses and information provided in this application and in the attached addendum(s) and documentation are true and correct to the best of my knowledge; (2) I am the applicant named in and who has signed this application; (3) I am a United States citizen or a legal permanent resident or I am otherwise lawfully present in the United States; (4) I have read and will conform to the Laws and Rules governing the profession for which I am seeking a license or authority to practice; (5) I acknowledge and agree the use of intentional misrepresentation or fraud in this application or violation of any Laws or Rules governing the profession for which I am seeking a license or authority to practice shall constitute cause sufficient for denial, suspension, cancellation or revocation of any license or authority applied for or granted to me; (6) I will provide additional or corrected information if material changes occur which would cause responses or information provided in or with this application to be inaccurate or incomplete; (7) I authorize and direct any person, agency, firm, or other entity to release, upon the request of the Idaho Division of Occupational and Professional Licenses or its authorized representative, any information, communication, report, record, statement, disclosure, or recommendation that may have bearing on my eligibility for or maintenance of the license or authority for which I am applying and hereby release and exonerate any of them from any liability of any kind resulting from the release or collection thereof; and (8) I authorize the Division of Occupational and Professional Licenses to release to any other regulatory entity in any jurisdiction any information requested about me that may otherwise be protected or confidential that may have bearing on my eligibility for or maintenance of any license or authority issued or applied for in this or any jurisdiction and hereby release and exonerate them from any liability of any kind resulting from the release thereof.

Signature of Agent/Licensee

State of _____, County of _____, ss
Subscribed and sworn before me this _____ day of _____, 20 ____

(seal)

Notary Public Official Signature
My Commission Expires _____