

**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@ibol.idaho.gov](mailto:mor@ibol.idaho.gov)**

**APPLICATION CHECKLIST FOR FUNERAL ESTABLISHMENT LICENSE**

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:**

A funeral service establishment license requires the following:

- Completed application.
- Application fee of \$100.00.
- Original license fee of \$125.00.
- A licensed Idaho Mortician who is a resident of Idaho on staff full-time, per Idaho Code § 54-1111(1)(d).
- A specific location and name for the establishment per Idaho Code § 54-1111(1)(c).
- Must contain an operating room and equipment for embalming, a display room for merchandise, a chapel, and a viewing/visitation room per Rule 450.
- Once application is complete the Board will review for approval for inspection.

**After Board Review:**

- A walk-through inspection of the establishment is arranged and upon passing the inspection the license is issued. The walk-through inspection must be arranged and completed within six (6) months of the Board's review of the application or the application will be denied and terminated upon a thirty (30) day written notice, unless good cause is demonstrated to the Board.

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.

Please keep a copy of this application for your records.

**NOTE: Prior to walk-through applicants must be familiar with all city, county, and state planning and zoning regulations affecting the facility and location being applied for and assume all responsibility for compliance.**

**NOTE: All funeral establishments must be inspected by the Idaho Board of Mortician Examiners prior to the issuance of an establishment license. Operation prior to obtaining a valid license is unlawful and may result in criminal prosecution and denial of licensure. Additionally, funeral establishments should not advertise services prior to inspection and licensure.**

**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.**

**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@ibol.idaho.gov](mailto:mor@ibol.idaho.gov)**

**APPLICATION FOR FUNERAL ESTABLISHMENT LICENSE**

I hereby make application for a funeral establishment license in the State of Idaho under the provisions of Title 54, Chapter 11, Idaho Code, and provide the following:

1. **Name of Funeral Establishment** \_\_\_\_\_
2. **Location Address** \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
3. **Mailing Address** \_\_\_\_\_  
Street/Route/PO Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
4. **Business Phone** (\_\_\_\_) \_\_\_\_\_ **Other** (\_\_\_\_) \_\_\_\_\_ **E-mail** \_\_\_\_\_  
(The above number is a public record.) (The above number is not a public record.) (This is not a public record; required by I.C. § 67-2609.)
5. **Name of Full-Time Resident Mortician** \_\_\_\_\_ **License #** \_\_\_\_\_  
(Idaho Law requires each establishment to employ a full time licensed resident mortician. Resident Mortician must sign affidavit on second page.)
6. **Please check the appropriate ownership designation:** ( ) **Individual** ( ) **Corporation** ( ) **Partnership** ( ) **Other**  
If Other, please describe: \_\_\_\_\_  
**Owner(s) Name** \_\_\_\_\_ **License #** \_\_\_\_\_  
(Please attach a list of all principle persons if ownership is other than "Individual")
7. **Are you or your spouse an active member or honorably discharged veteran of the United States Armed Services?**  
( ) YES ( ) NO
8. **Employer Identification Number** \_\_\_\_\_ **or Social Security Number** \_\_\_\_/\_\_\_\_/\_\_\_\_  
(This is not a public record; required by I.C. § 73-122.)
9. **Has a funeral establishment previously existed at this location?** ( ) YES ( ) NO  
(If YES-If license is current license must be attached to application with written instruction from current owner to close license.)
10. **After what date will the facility be ready to be inspected?** \_\_\_\_\_ **This date must be within 6 months of this application being reviewed.** (Please note that you will be contacted by a Board member to schedule the inspection for a time after this date. If this date changes, please notify the Board.)
11. **Have you previously owned a funeral establishment in Idaho or elsewhere?** ( ) YES ( ) NO  
If YES, give name \_\_\_\_\_ License # \_\_\_\_\_
12. **Does this application represent a change in location of your present funeral establishment?** ( ) YES ( ) NO  
If YES, give name \_\_\_\_\_ License # \_\_\_\_\_  
**Would you like this license closed?** ( ) YES ( ) NO
13. **Have you or anyone with an ownership interest in the applicant ever had a license, certification, or registration denied, revoked or suspended?** ( ) YES ( ) NO  
(If yes, please attach a detailed statement, including a copy of the charges and the final order.)
13. **Have you or anyone with an ownership interest in the applicant ever been convicted of any State or Federal felony or crime of moral turpitude?** ( ) YES ( ) NO  
(If yes, the Criminal Conviction Disclosure Form, official court documents, and probation and parole documents along with any other relevant information must be received with this application.)

(continued)

**APPLICATION FOR FUNERAL ESTABLISHMENT LICENSE**

(continued)

**RESIDENT MORTICIAN AFFIDAVIT**

I hereby certify under penalty of perjury that I am a resident of the state of Idaho and that I am in the employ or service of the above noted funeral establishment at the location noted on a full-time basis.

I hereby authorize and direct any person, agency, firm, or other entity to release, upon the request of the Division of Occupational and Professional Licenses or its authorized representative, any information, communication, report, record, statement, recommendation, or disclosure that may have bearing on my eligibility for or maintenance of the license for which I am applying. I understand that by signing this form I am authorizing the release of information about me that may otherwise be protected or confidential.

\_\_\_\_\_  
Signature of Mortician

State of Idaho, County of \_\_\_\_\_, ss.

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

(seal)

\_\_\_\_\_  
Notary Public Official Signature

My Commission Expires \_\_\_\_\_

**AFFIDAVIT**

Upon oath I certify that: (1) I am the owner or authorized representative of the applicant and its owners/representatives and am authorized to make this application on behalf of the applicant and to bind the applicant and its owners/representatives to every response and commitment made here in herein; (2) use in this application and affidavit of "I" or "my" or "me" shall, as the usage may require, refer to the applicant, its owners/representatives and to myself; (3) The responses and information provided in this application and in the accompanying addendum(s) and documentation are true and correct to the best of my knowledge; (4) This application is signed on behalf of the applicant; (5) I have read and will conform to the Laws, Rules and ethical requirements governing the license or authority applied for or granted pursuant to this application; (6) I acknowledge and agree the use of intentional misrepresentation or fraud in this application or violation of any Laws, Rules or ethical requirements 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 pursuant to this application; (7) 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, incomplete or misleading; (8) 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 the eligibility for or maintenance of the license or authority applied for or granted pursuant to this application and hereby release and exonerate any of them from any liability of any kind resulting from the release or collection thereof; (9) 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 applied for or granted pursuant to this application in this or any jurisdiction and hereby release and exonerate them from any liability of any kind resulting from the release thereof; and (10) Every statement made and all information presented in this application and any addendum or other attachment submitted herewith is true and correct.

\_\_\_\_\_  
Signature of Owner(s) or Agent(s)

State of Idaho, County of \_\_\_\_\_, ss.

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

(seal)

\_\_\_\_\_  
Notary Public Official Signature

My Commission Expires \_\_\_\_\_