

Kentucky Board of Embalmers and Funeral Directors

9114 Leesgate Rd Ste 4, Louisville, KY 40222

Office: 502-426-4589 Email: KBEFD@ky.gov

FOR OFFICE USE ONLY	
Fee:	_____
B c e m p #:	_____
Class Month:	_____
Permit #:	_____

Surface Transportation & Removal Permit Application

All persons applying for or renewing a permit to provide surface transportation and removal services for dead human remains shall complete the below application, which shall include:

- A completed, typed, and signed application form;
 - Appropriate fee: Application: \$150; Course: \$75, Renewal: \$150; Affiliation or Transfer processing: \$25;
 - A copy of current driver's license;
- Evidence of training and compliance with the standards of the Occupational Safety and Health Administration (OSHA) for universal precautions and blood-borne pathogens, 29 Code of Federal Regulations (CFR) 1910.1030 (less than twelve (12) months prior to application)
- Two (2) passport-sized photographs;
 - An official copy of a current (less than ninety (90) days prior to the application) criminal justice information system (CJIS) report (initial only); and
 - Proof of insurance for vehicle used for the surface transportation of dead human bodies (must not expire within 30 days of permit issuance)

All persons applying for or re-applying for a permit shall also complete and pass an examination on Kentucky laws and regulations for transport of dead human bodies prior to issuance of initial permit.

Initial: ☐

Renewal: ☐

Transfer: ☐

Applicant Information

Applicant Name: _____ Last 4 of SS #: _____

Primary Address: _____

Primary Phone #: _____ Date of Birth: _____

Primary Email: _____

Business email: _____

Registered Funeral Establishment Information

Funeral Home: _____ Establishment License #: _____

Business Phone: _____ Business Email: _____

Start Date: _____

Affiliated Establishment (must share same ownership as registered establishment):

Funeral Home: _____ Establishment License #: _____

Business Phone: _____ Business Email: _____

Training Verification

Please list the training provider and date of completion for OSHA training. Attach a copy of your training certificate (less than twelve (12) months prior to application).

Training Provider: _____ Date: _____

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Licensure Information (Please submit any supporting documentation for the questions below with application.)

1. Have you ever had a license or permit of any kind denied, revoked or suspended by the Kentucky Board of Embalmers and Funeral Directors? ☐ Yes ☐ No
If yes, please provide any orders or documents showing the action taken by the Board.
2. Have you ever been convicted of, or plead guilty to, violation of any federal, state, or local statute, regulations, or ordinance? ☐ Yes ☐ No
3. You are required to submit, with this application, a recent (within the last 90 days) Criminal Justice Information System (CJIS) Report from the Federal Bureau of Investigation (<https://www.edo.cjis.gov/#/>).
If there are any criminal violations in your past that are not reflected in the FBI Background Check, provide a list of date, violation, and jurisdiction with this application.
4. Within the past 5 years, have you been disciplined by any entity? ☐ Yes ☐ No
If yes, please provide a full explanation and any associated orders or letters from the entity.
5. Within the past 5 years, have you sought, or been directed to seek, treatment for your conduct or behavior? ☒ No ☐ Yes ☐ No
If yes, please provide a full explanation and any associated orders or letters from the entity.
6. Do you currently have any physical condition or impairment that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? *"Currently" means recently enough so that the condition could reasonably have an impact on your ability to function as a surface transportation and removal service provider.* ☐ Yes ☐ No
If yes, please provide a full explanation. (Note: the Board may request a letter from your current treatment provider addressing your current condition and ability to safely practice. You may consider providing this documentation directly to the Board.)
7. Do you currently have any mental health condition or impairment that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? *"Currently" means recently enough so that the condition could reasonably have an impact on your ability to function as a surface transportation and removal service provider.* ☐ Yes ☐ No
If yes, please provide a full explanation. (Note: the Board may request a letter from your current treatment provider addressing your current condition and ability to safely practice. You may consider providing this documentation directly to the Board with your application, or have your provider send this documentation directly to the Board.)
8. Do you currently have any condition or impairment related to alcohol or other substance that affects or limits your ability to perform any of the obligations and responsibilities of professional practice in a safe and competent manner? *"Currently" means recently enough so that the condition could reasonably have an impact on your ability to function as a surface transportation and removal service provider.* ☐ Yes ☐ No
If yes, please provide a full explanation. (Note: the Board may request a letter from your current treatment provider addressing your current condition and ability to safely practice. You may consider providing this documentation directly to the Board with your application, or have your provider send this documentation directly to the Board.)

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Transport Vehicle Information

Please provide the following information about the vehicle with which you plan to remove and transport dead human bodies:

Owner: _____ Make: _____ Model: _____

Year: _____ Mileage: _____ License #: _____

Vehicle Policy Company: _____ Policy #: _____

#	Is vehicle equipped to/with:	Yes	No
1.	Transport a dead human body without exposure to weather conditions?		
2.	Mortuary/Ambulance Cot that can be secured while the vehicle is moving?		
3.	Collapsible or flexible stretcher?		
4.	Sheets and cot cover?		
5.	Pillow or head block?		
6.	Rubber or plastic sheeting?		
7.	Towels?		
8.	Zippered mortuary body bag or disaster pouch?		
9.	Straps?		
10.	Protective clothing?		
11.	Sanitary Accessories?		

Affidavit of Applicant

I certify that I have carefully read the laws and regulations related to the Kentucky Board of Embalmers and Funeral Directors, and I fully understand that funds submitted as part of the application process shall not be refunded.

I certify by my signature below: I am the person applying for this Surface Transportation and Removal Permit and meet the qualifications required by Kentucky Statute and Regulations. Further, I certify the information provided on this application has been personally provided and reviewed by me, and that statements made on the application are true and complete. I understand that providing false or misleading information, as well as omitting information, in response to information required in this application or as part of the application process is considered falsification of the application and may be grounds for denial of or taking disciplinary action against an existing license/permit/registration.

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I understand that a registered surface transportation and removal service can only transport dead human bodies at the direction of a funeral service licensee employed by a licensed funeral establishment.

I understand that a surface transportation and removal permit holder cannot make any funeral service arrangements, including arrangements for storage, refrigeration, and/or cremation of dead human bodies.

I understand that a registered surface transportation and removal service cannot store or refrigerate any dead human bodies.

I understand that a registered surface transportation and removal service cannot provide or sell any funeral related goods and services.

I understand that an expired permit will require a new initial application process, including paying the fee for and taking the course and examination.

I agree to the above certification.

Signature of Applicant

Date

Establishment Manager Name/License #

Date

Establishment Manager Name/License #

Date

Subscribed and sworn to before me by _____

STATE OF _____ COUNTY OF _____, TO WIT:

Taken, subscribed and sworn to before me this _____ day of _____, 20____

My commission expires: _____

X

Notary Public