

Kentucky Board of Embalmers and Funeral Directors

9114 Leesgate Rd Ste 4, Louisville, KY 40222
Office: 502-426-4589 Fax: 502-426-4117 Email: KBEFD@ky.gov

Surface Transportation & Removal Permit Application

All persons applying for a permit to provide surface transportation and removal services for dead human remains, shall submit an application for such permit, which shall include:

- a) A completed and signed application form;
- b) A fee in the amount of \$150 and course fee \$75 or \$150 for renewal;
- c) 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
- d) Two (2) passport-sized photographs of the applicant;
- e) An official copy of a current criminal background check (less than ninety (90) days prior to the application) as directed on website; and
- f) Evidence of possession and control, or ownership of an appropriate vehicle and supplies for surface transportation of dead human remains and current insurance for said vehicle.

All persons 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 a permit.

For Office Use

App Complete:
App Processed:
Class Attending:
License #:
Renewal date:

Applicant Information

Applicant Name _____ Last 4 of SS #: _____ Renewal:
Primary Address _____
Primary Phone # _____ Date of Birth: _____
Primary Email: _____
Business Email: _____

Funeral Establishment Information

Funeral Home: _____ License #: _____
Business Phone: _____ Email: _____

Training Verification

Have you completed OSHA training in the Universal Precautions and Bloodborne Pathogens?

Yes No

Please list the training provider and date of completion for OSHA training. Attach a copy of your training certificate.

Training Provider: _____ Date: _____

Kentucky Board of Embalmers and Funeral Directors

9114 Leesgate Rd Ste 4, Louisville, KY 40222

Office: 502-426-4589 Fax: 502-426-4117 Email: KBEFD@ky.gov

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/#/>) or uenroll.identogo.com.

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? 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.)

? Ybhi Wnr6cUfXcZ9a VUa YfgUbX: i bYU'8 JfYMcfg

-%@YgUHFXYG(ž@ci lg]`Yz? M(S&&&
 CZW) S&(&!(), - : U.) S&(&!(%+`9a U. ? 69: 84 _m]cj`

HfUbgdcfhJ Y \WY=bZcfa Ujcb`

DYUgYdfcj [XhYZc`ck]b[]bZcfa Ujcb Uci hñYj Y \WYk]h k \JWmi`dUb`lc`fYa cj YUbX

HfUbgdcfhXUX`i a Ub VcX]Yg`

CkbYf.

AUJY.

A cXY.

MUf.

...A]YU Y..

...@]WbgY. .

J Y \WY@]U]]m`bg fUbWdc`]W7ca dUm`

Dc`]WBi a Vyf.

·	=g] Y \WYei]ddYXlc`#k]h.	Mg	Bc`
%`	HfUbgdcfhUXUX`i a Ub VcXnk]h ci hYl dcg fYlc`k YUhf`WbX]hcbg3		
&`	A cfli Ufn#5a Vi`UbW7chhUhWb`VYgWfYXk \]YhYj Y \WY]ga cj]b[3		
'`"	7c`UdgVYcf`ZY]VYgfYWf3		
("	G YfgUbXWhWj Yf3		
)`"	D]`ck`cf` \YUXVcW3		
*`"	Fi WYf`cf`dUg]Wg`Yh]b[3		
+`"	HckYg3		
,`"	N]ddYfXa cfli UfnVcXmU]`cf`Xggh`dci W3		
-`"	GfUdg3		
%\$`"	DfchWj YVch]b[3		
%%`"	Ub]hfn`b`Wggcf]Yg3		

5Z4Xj]hcZ5dd`]Wbh

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 licensure/certification/registration and meet the qualifications required by Kentucky law 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/certificate/registration.

Kentucky Board of Embalmers and Funeral Directors

9114 Leesgate Rd Ste 4, Louisville, KY 40222

Office: 502-426-4589 Fax: 502-426-4117 Email: KBEFD@ky.gov

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 registered surface transportation and removal service cannot make any funeral service arrangements, to include 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 agree to the above certification.

Signature of Applicant

Date

For a COMPLETE Application please include:	
	FBI Report
	Photos (2 passport size)
	Payment \$150 app fee + \$75 course fee
	OSHA Training/Bloodborne Pathogens Certificate
	Proof of vehicle insurance