



MARYLAND  
Department of Health

**RENEWAL INSTRUCTIONS FOR MORTUARY TRANSPORT SERVICE**

**Board of Morticians and Funeral Directors**

This serves as your Notice of Renewal for October 1, 2018 through September 30, 2020 permit period. This will ensure that the Maryland Board of Morticians of Funeral Directors [the Board] will be able to process your license before the expiration date of September 30, 2018. **A late fee of \$400.00** will be assessed, as noted in COMAR 10.29.04.02 (P) Fee Schedule, if the Board does not receive your application **on or before October 15, 2018.**

Please include a Letter of Good Standing from the Department of Assessment and Taxation, requested within the past 30 days. If you have any questions, please call the Department of Assessments and Taxation at 410-767-1353.

All Mortuary Transport Service Permit applications must include a complete Data Sheet for Registered Transporter who is currently employed with your company.

The Office of the Comptroller will review all licensees to determine if the renewal applicant has paid all monies due to the State. All issues must be resolved before a license can be issued. Please call the Office of Comptroller at 410-974-2434, if you have comptroller issues needing resolution. Please note that licenses cannot be renewed if the Board receives notification of unpaid debt.

Should you have questions, please contact Eula Gautreaux, Licensing Chief, at 410-764-4792.

**NOTE:** Hand delivered applications will NOT be accepted at the Board Office.

**MARYLAND STATE BOARD OF MORTICIANS AND FUNERAL DIRECTORS**

**APPLICATION FOR RENEWAL OF A MORTUARY TRANSPORT SERVICE PERMIT**

PLEASE MAKE NON-REFUNDABLE CHECK PAYABLE TO THE BOARD OF MORTICIANS AND FUNERAL DIRECTORS  
FAILURE TO RENEW LICENSE ON OR BEFORE OCTOBER 15<sup>th</sup> WILL RESULT IN A PENALTY FEE OF \$400

RETURN BY 09/15/2018  
ORIGINAL PERMIT

EXP. DATE 09/30/2020

RENEWAL FEE: \$350 1-3 TRANSPORTERS  
\$500 4-7 TRANSPORTERS  
\$750 8-15 TRANSPORTERS  
\$1,000 16+ TRANSPORTERS

Please print name: \_\_\_\_\_

Permit number: MT \_\_\_\_\_

**SECTION I – GENERAL INFORMATION** - This section must be completed in full.

A. Mortuary Transport Service Name: \_\_\_\_\_

B. Federal Tax ID:  -

C. Ownership Structure: \_\_\_\_\_

D. Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

E. Social Security Number:  -  -

F. Date of Birth:  -  -

G. Race (Please circle all applicable): 1-White 2-Black or African American  
3-American Indian or Alaska Native 4-Native Hawaiian or Pacific Islander 5-Asian 6-Other

Are you of Hispanic or Latino origin? Yes  No

H. Phone Number:  -  -

I. Fax Number  -  -

J. Email Address: \_\_\_\_\_

K. List other Licenses or Permits issues to you by the Maryland Board of Morticians and Funeral Directors

**License/Permit Number:**

|  |  |
|--|--|
|  |  |
|  |  |

L. Co-Owner 1 Name: \_\_\_\_\_

Co-Owner 1 Social Security Number:    -   -

Co-Owner 1 Date of Birth:   -   -

M. Co-Owner 2 Name: \_\_\_\_\_

Co-Owner 2 Social Security Number:    -   -

Co-Owner 2 Date of Birth:   -   -

## SECTION II – INSURANCE & VEHICLES

N. Liability Insurance Carrier [\(Include a copy of declaration page\)](#): \_\_\_\_\_

Policy Number: \_\_\_\_\_

O. Motor Vehicle Insurance Carrier [\(Include a copy of declaration page\)](#): \_\_\_\_\_

Policy Number: \_\_\_\_\_

P. Surety Bond or Letter of Bondability [\(Include a copy\)](#):

Q. Make: \_\_\_\_\_

Model: \_\_\_\_\_

Vehicle Registration Number: \_\_\_\_\_

R. Make: \_\_\_\_\_

Model: \_\_\_\_\_

Vehicle Registration Number: \_\_\_\_\_

**SECTION II – TRANSPORTERS CURRENTLY REGISTERED**

S. TRANSPORTERS CURRENTLY EMPLOYED – **Please complete a Data Sheet for each Registered Transporter registered with your company.**

| NAME  | PERMIT NUMBER |
|-------|---------------|
| _____ | _____         |
| _____ | _____         |
| _____ | _____         |
| _____ | _____         |
| _____ | _____         |
| _____ | _____         |
| _____ | _____         |
| _____ | _____         |

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**Applicant Signature**

I certify that the above statements, to the best of my knowledge and belief are true, correct, and completed and made in good faith. I do solemnly swear that the crematory operated under this permit will be operated strictly in compliance with all laws, rules, and regulations of the Maryland Department of Health, the Maryland Board of Morticians and Funeral Directors, and the State of Maryland.

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**Applicant Signature**

**Date**

**Notice for Mailing List**

The information collected on this application form is collected for the purposes of the Board's functions under Md. Health Occupations Code Annotated, Title 7. Failure to provide the information may result in denial of your application. You have a right to inspect, amend, and request correction of this information. The Board may permit inspection of this information or make it available to others only as permitted by Federal and State law. Under the Maryland Public Information Act, Md. State Gov't Code Ann. §10-617, the Board may provide, for a fee, a list of licensees' names and addresses to professional associations and other entities. You may request in writing that your name be omitted from such lists.

# MARYLAND STATE BOARD OF MORTICIANS AND FUNERAL DIRECTORS

## DATA SHEET FOR REGISTERED TRANSPORTERS

### SECTION I – GENERAL INFORMATION - This section must be completed in full.

If your name or address has changed since the last renewal, please indicate by noting new address and enclose proof of name change such as a court document or marriage certificate.

A. Social Security Number:    -   -

B. Date of Birth:   -   -

C. Race (Please circle all applicable): 1-White 2-Black or African American  
3-American Indian or Alaska Native 4-Native Hawaiian or Pacific Islander 5-Asian 6-Other

Are you of Hispanic or Latino origin? Yes  No

D. Home Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone Number:    -    -

Mobile Phone Number:    -    -

E. Work Address: \_\_\_\_\_  
\_\_\_\_\_

Work Phone Number:    -    -

\*\* E-mail address: \_\_\_\_\_

F. Mailing Address: Which address do you wish to receive mail from the Board? (Renewal Licenses, etc.)  
(Please check one) Work:  Home:

G. Driver's License State: \_\_\_\_\_

H. Driver's License Number: \_\_\_\_\_

I. Present Employment Status:   
1-Full Time 3-Retired  
2-Part Time 4-Other

I. Employment Type (Primary – one only)   
1-Owner 3-Trade  
2-Staff 4-Other

J. List all Transport Companies that you are employed by:

|  |
|--|
|  |
|  |
|  |
|  |

**SECTION III – CHARACTER** - This section must be completed. Attach a detailed explanation for each question answered “yes” in this section.

- | <b>YES</b>               | <b>NO</b>                |     |  |
|--------------------------|--------------------------|-----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1)  | Has the use of drugs and/or alcohol resulted in an impairment of your ability to practice in your Profession?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 2a) | Has any licensing or disciplinary board in any jurisdiction, or an entity of the Armed services, denied your application for licensure, reinstatement or renewal; taken any action against your license, including but not limited to, reprimand, suspension, revocation, fine or non-judicial punishment? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2b) | Have you surrendered or allowed your license to lapse while under investigation by a licensing or disciplinary board in any jurisdiction or an entity of the Armed Services?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 3)  | Are you currently under investigation or have any complaints or charges been brought against you or are currently pending, in any jurisdiction, by any licensing or disciplinary board or entity of the Armed Services?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 4)  | Have you had a physical or mental illness that may presently affect or impair your ability to practice your profession?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 5)  | Have you ever been convicted, pled guilty, or received probation before judgment of any criminal act or for driving while intoxicated, or for a controlled dangerous substance offense (excluding minor traffic violations)?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 6)  | Has your employment by any funeral establishment been affected by disciplinary actions, including probation, suspension, loss of privileges, transfer to other duties, or termination of employment or contract?   |
| <input type="checkbox"/> | <input type="checkbox"/> | 7)  | Have you been diagnosed with a physical or mental condition which may affect your ability to practice the profession of mortuary science?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 8)  | Has any claim for damages been filed against you which is pending, has been dismissed, has been settled, or damages have been awarded against you?   |

**ATTACH PASSPORT SIZE  
PHOTO**  
  
**(If you have a transport  
number and have not  
received a transport ID)**

**Applicant Signature**

I certify that the above statements, to the best of my knowledge and belief are true, correct, and completed and made in good faith. As a crematory operator, I do solemnly swear to perform my duties in compliance with all laws, rules, and regulations of the Maryland State Department of Health, the Maryland Board of Morticians and Funeral Directors, and the State of Maryland.

**Applicant Signature**

**Date**

**Notice for Mailing List**

The information collected on this application form is collected for the purposes of the Board's functions under Md. Health Occupations Code Annotated, Title 7. Failure to provide the information may result in denial of your application. You have a right to inspect, amend, and request correction of this information. The Board may permit inspection of this information or make it available to others only as permitted by Federal and State law. Under the Maryland Public Information Act, Md. State Gov't Code Ann. §10-617, the Board may provide, for a fee, a list of licensees' names and addresses to professional associations and other entities. You may request in writing that your name be omitted from such lists.



**MARYLAND**  
Department of Health

**ATTACHED THE REQUIRED DOCUMENTS**

1. Photo copy of Driver's License
2. Copy of completed driving record
3. Background check completed by CJIS
4. Copy of certificate: OSHA or MOSHA to include Blood-Borne Pathogens and Infections Control
5. Copy of certificate: Human Dignity Act (Health General Article § 5-513)