



MARYLAND STATE BOARD OF MORTICIANS AND FUNERAL DIRECTORS

APPLICATION FOR MORTUARY TRANSPORT SERVICE PERMIT

PLEASE MAKE NON-REFUNDABLE CHECK PAYABLE TO THE BOARD OF MORTICIANS AND FUNERAL DIRECTORS

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

Please print name:

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 issued 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 (Note: Vehicles must be inspected prior to submitting application to the Board email Thomas D. Anderson to schedule inspection: thomas.anderson@maryland.gov)

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: _____

Vehicle Inspection Date and Time: _____

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
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Applicant Signature

Applicant Signature

Date



MARYLAND
Department of Health

APPLICATION FOR MORTUARY TRANSPORT SERVICE PERMIT

APPLICATION ADDENDUM

In accordance with the Code of Maryland Regulations (COMAR) 10.29.21.03B(3) to apply for a permit, an individual shall submit to the Board of Morticians and Funeral Directors a notarized statement attesting to compliance with Health Occupations Article, §7-602(c), Annotated Code of Maryland.

I attest by entering my signature below, I have complied with all applicable State and local laws; my mortuary transport services vehicle will be owned and operated in accordance with COMAR 10.29.21; and while my mortuary transport service removes and transports human remains, I will be held responsible for the treatment of the human remains.

NOTARIZATION

STATE: _____

CITY/COUNTY: _____

I HEREBY CERTIFY that on this ____ day of _____, _____, before me, a Notary Public of the State and City/County aforesaid, personally appeared [_____]
Print Name
and made oath in due form of law that signing the foregoing Application for Transport Services Permit Application Addendum was the voluntary act and deed of [_____].
Sign Name
AS WITNESSETH my hand and Notarial Seal.

SEAL

Notary Public

My Commission Expires