



Wes Moore, Governor · Aruna Miller, Lt. Governor · Laura Herrera Scott, M.D., M.P.H., Secretary

**MARYLAND BOARD OF MORTICIANS AND FUNERAL DIRECTORS**

4201 PATTERSON AVENUE • BALTIMORE, MD 21215 • (410) 764 – 4792

**APPLICATION FOR MORTUARY TRANSPORT SERVICE PERMIT**

*(Requirements per COMAR 10.29.21)*

Included	Required Documents
<input type="checkbox"/>	Front and Back Photocopy of Valid Driver’s License <b>(good standing)</b>
<input type="checkbox"/>	Articles of Organization/Incorporation <b>(if applicable)</b>
<input type="checkbox"/>	IRS EIN letter
<input type="checkbox"/>	Liability insurance carrier declaration page that covers each Transporter
<input type="checkbox"/>	Motor vehicle insurance carrier declaration page
<input type="checkbox"/>	Surety bond or letter of bond ability
<input type="checkbox"/>	BOMFD removal vehicle inspection report <b>(successfully passed)</b>
<input type="checkbox"/>	Completed Transporter application and fee for each transporter

In addition to the original, notarized application, initial non-refundable application fee (depending on number of Transporters), the above documents are required and must be received THREE (3) weeks in advance of the scheduled Board meeting for consideration.



**DEPARTMENT OF HEALTH**

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**APPLICATION FOR MORTUARY TRANSPORT SERVICE PERMIT**

*(Requirements per COMAR 10.29.21 and Title 7-601)*

A Mortuary Transport Service permit expires September 30th every two years. The non-refundable initial application fee and the renewal application fee are based on the number of employed Transporters:

Category 1: 1-3 Transporters - <b>\$350</b>	Category 2: 4-7 Transporters - <b>\$500</b>
Category 3: 8-15 Transporters - <b>\$750</b>	Category 4: 16+ Transporters - <b>\$1,000</b>

**Please print clearly.** All sections must be completed. For initial applications, please submit a separate application and non-refundable \$40 fee for each Transporter. Please make checks or money orders payable to: Maryland Board of Morticians and Funeral Directors, 4201 Patterson Avenue, Baltimore, Maryland 21215.

**Please check one:**                     Initial                     Renewal: Permit No. **MT**: \_\_\_\_\_

**SECTION I - GENERAL INFORMATION**

Name of Mortuary Transport Service: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Federal Employer Identification No: \_\_\_\_\_

**SECTION II - BUSINESS STRUCTURE**

Name of Owner: \_\_\_\_\_  
Owner Social Security No. \_\_\_\_\_ Owner Birth Date: \_\_\_\_\_

Race *(Please circle all applicable; for statistical purposes only):*  
1 – White    2 – African American    3 – American Indian    4 – Asian    5 – Hispanic    6 – Other

Name of Co-Owner 1: \_\_\_\_\_

Co-Owner 1 Social Security No. \_\_\_\_\_ Co-Owner 1 Birth Date: \_\_\_\_\_

Name of Co-Owner 2: \_\_\_\_\_

Co-Owner 2 Social Security No. \_\_\_\_\_ Co-Owner2 Birth Date: \_\_\_\_\_

**Business Structure:** \_\_\_\_\_

**SECTION III - LICENSING INFORMATION**

A. Other license/permit/registration numbers held in Maryland:  N/A  
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

B. Other license/permit/registration numbers held in another state(s):  N/A  
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

**SECTION IV - TRANSPORTERS**

(List all employed Transporters. Attach additional pages if necessary.)

Name: \_\_\_\_\_ Permit No.: T \_\_\_\_\_

Name: \_\_\_\_\_ Permit No.: T \_\_\_\_\_

Name: \_\_\_\_\_ Permit No.: T \_\_\_\_\_

Name: \_\_\_\_\_ Permit No.: T \_\_\_\_\_

Name: \_\_\_\_\_ Permit No.: T \_\_\_\_\_

Name: \_\_\_\_\_ Permit No.: T \_\_\_\_\_

**SECTION V - INSURANCE**

A. Liability Insurance Company: \_\_\_\_\_  
Policy No.: \_\_\_\_\_

B. Motor Vehicle Insurance Company: \_\_\_\_\_  
Policy No.: \_\_\_\_\_

**SECTION VI – VEHICLES**

(List all transport vehicles. Attach additional pages if necessary.)

- A. Vehicle 1 Make: \_\_\_\_\_ Vehicle 1 Model: \_\_\_\_\_  
Vehicle 1 VIN: \_\_\_\_\_
- B. Vehicle 2 Make: \_\_\_\_\_ Vehicle 2 Model: \_\_\_\_\_  
Vehicle 2 VIN: \_\_\_\_\_

**VERIFIED APPLICATION UNDER PENALTIES OF PERJURY**

I certify that the above statements, to the best of my knowledge and belief are true, correct, complete, and made in good faith. 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 understand that I must notify the Maryland Board of Morticians and Funeral Directors of a change of address **within 30 days**. I understand that I must notify the Board within 30 days and confiscate the identification card of a Registered Transporter who is no longer employed.

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.

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**Signature of Owner or Co-Owner\***

**Date**

\* must be notarized (see notarization page)

**NOTARIZATION**

STATE: \_\_\_\_\_

CITY/COUNTY: \_\_\_\_\_

I HEREBY CERTIFY that on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, a Notary Public of the State and City/County aforesaid, personally appeared \_\_\_\_\_  
Applicant

and made oath in due form of law that signing the foregoing Application for Licensure was the voluntary act and deed of \_\_\_\_\_.  
Applicant

AS WITNESSETH my hand and Notarial Seal.

SEAL

\_\_\_\_\_  
Notary Public

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