

# Wisconsin Department of Safety and Professional Services

**Mail To:** P.O. Box 8935  
Madison, WI 53708-8935  
**FAX #:** (608) 251-3036  
**Phone #:** (608) 266-2112

**Office Location:** 4822 Madison Yards Way  
Madison, WI 53705  
**E-Mail:** [dsps@wisconsin.gov](mailto:dsps@wisconsin.gov)  
**Website:** <http://dsps.wi.gov>

## FUNERAL DIRECTORS EXAMINING BOARD

### INFORMATION FOR COMPLETING FUNERAL ESTABLISHMENT APPLICATION

#### **AN APPLICATION IS NOT COMPLETE UNTIL ALL OF THE FOLLOWING DOCUMENTS HAVE BEEN RECEIVED:**

1. **Application for Funeral Establishment Permit (Form #397)**
2. **Initial Credentialing Fee** – Must accompany the completed application. Please make check or money order payable to Department of Safety and Professional Services.
3. **Statement of Goods and Services** – Submit a copy of the Statement of Goods and Services.
4. **Pricing Card** - Submit a copy of the pricing card used in the merchandising room
5. **Current General Price List** – Submit a copy of the required price disclosures per FTC Regulations, 16 CFR 453.2.
6. **List of Caskets Available for Purchase** – Submit a copy of the list of caskets available for purchase.

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## FUNERAL DIRECTORS EXAMINING BOARD

### APPLICATION FOR FUNERAL ESTABLISHMENT PERMIT

**The Department must deny your application if you are liable for delinquent state taxes, UI contributions, or child support (Wis. Stat. §§ 440.12 and 440.13).**

<b>PLEASE TYPE OR PRINT IN INK</b>		<input type="checkbox"/> Your name, address, phone number, and e-mail address are available to the public. Check box to withhold street address/PO Box, phone number, and e-mail address from lists of 10 or more credential holders (Wis. Stat. § 440.14).	
<b>Name of Establishment</b> <input style="width: 95%;" type="text"/>	<b>Telephone Number of Establishment</b> <input style="width: 95%;" type="text"/> - <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/>		
<b>Address of Establishment</b> (street, city, state, zip code) <input style="width: 95%;" type="text"/>	<b>FEIN of Establishment</b> <input style="width: 15%;" type="text"/> - <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/>		
<b>Name of Owner</b> (Individual or Business Entity) <input style="width: 95%;" type="text"/>	<b>Telephone Number of Owner</b> <input style="width: 15%;" type="text"/> - <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/>		
<b>Address of Owner</b> (street, city, state, zip code) <input style="width: 95%;" type="text"/>	<b>Proposed Opening Date</b> <input style="width: 15%;" type="text"/> / <input style="width: 15%;" type="text"/> / <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/> <input style="width: 15%;" type="text"/>		
<b>E-mail Address</b> <input style="width: 95%;" type="text"/>			
<b>Type of Ownership:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Owner <input type="checkbox"/> Other <input style="width: 150px;" type="text"/>	<b>Application Type:</b> <input type="checkbox"/> New Establishment <input type="checkbox"/> New Location <input type="checkbox"/> Change of Ownership or Control		
<b>Name of Full-Time Licensee in Charge and License #</b> <input style="width: 95%;" type="text"/>	<b>If change of location or change of owner, list former Establishment License #</b> <input style="width: 95%;" type="text"/>		
<b>Is the owner listed above controlled by another entity or a subsidiary of another corporation or business entity?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list entity <input style="width: 400px;" type="text"/>			
<b>If change of ownership or control, list name of former owner (may be an individual or a business entity)</b> <input style="width: 95%;" type="text"/>			

**APPLICATION FEES: Please check applicable box. Make check payable to DSPS and attach to this application. To pay with credit card see [Form 3071](#).**

- I am seeking a Veteran Fee Waiver** (for Initial Credential Fee only, see page 2 for further information)
- Initial Credential Fee**  
\$ 60.00 Total Fee Attached
- Late Renewal Fee** (credential expired more than 5 years)  
 \$ 60.00 Renewal Fee  
 \$ 25.00 Late Renewal Fee  
 \$ 85.00 Total Fee Attached

**For Receipting Use Only (78)**

# Wisconsin Department of Safety and Professional Services

**ARE YOU A VETERAN?** If yes, please view the DSPS website at <https://dspd.wi.gov/Pages/Professions/MilitaryLicensureBenefits.aspx> for information and eligibility requirements for veterans, service members, former service members, and their spouses.

**If you qualify, are you requesting a waiver of your initial credentialing fee?**  Yes  No

If Yes, provide copy of WI Dept of Veterans Affairs (WDVA) voucher code and list your WDVA Voucher Code #: \_\_\_\_\_

**If you qualify, are you requesting equivalency of your military training and experience?**  Yes  No

If Yes, complete and return the Veteran Request Application Addendum ([Form #2996](#)). This form must be included with this application. (You may contact the WDVA at 1-800-947-8387 or [dva.wi.gov](http://dva.wi.gov) for assistance in obtaining your WDVA Voucher Code and/or documents related to your training.)

**If you qualify, are you a service member, former service member, or spouse requesting a reciprocal credential?**  Yes  No

If Yes, do not complete this form. You must complete and return the Reciprocal Credential Application for Service Members, Former Service Members, and Their Spouses ([Form #3982](#)).

**RENEWAL REQUIREMENTS:** Please view the Department website at <http://dspd.wi.gov> and select "Professions" then the hyperlink for Funeral Establishment.

**ANSWER THE FOLLOWING QUESTIONS** (Attach additional sheets if necessary.)

1.	Has the owner/operator of the establishment ever surrendered, resigned, canceled, or been denied a professional license or other credential in Wisconsin, or any other jurisdiction? <b>If yes, give details on an attached sheet, including the name of the profession and the agency.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Has any licensing or other credentialing agency ever taken any disciplinary action against the owner/operator of the establishment, including but not limited to any warning, reprimand, suspension, probation, limitation, or revocation? <b>If yes, attach a sheet providing details about the action, including the name of the credentialing agency and date of action.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Is disciplinary action pending against the owner/operator of the establishment in any jurisdiction? <b>If yes, attach a sheet providing details about pending action, including the name of the agency and status of action.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Has the owner/operator of the establishment ever been convicted of a misdemeanor, felony, or other violation of federal, state, or local law or does the owner/operator of the establishment have any felony, misdemeanor or other violation of federal, state, or local law charges pending against him/her in this state or any other? This includes municipal ordinances resulting only in monetary fines or forfeitures and convictions resulting from a plea of no contest, a guilty plea or verdict. <b>If yes, submit Convictions and Pending Charges (Form #2252).</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Have any suits or claims ever been filed against the owner/operator of the establishment as a result of professional services? <b>If yes, attach a copy of the claim or suit and a copy of the final settlement or disposition.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Is the owner/operator of the establishment registered or licensed in any other profession(s)? <b>If yes, state what profession(s) and in what state(s):</b>  <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Has the owner/operator of the establishment ever been credentialed under any other name(s)? <b>If yes, state name(s) credentialed under:</b>  <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<input type="checkbox"/> Yes <input type="checkbox"/> No

**List partners or corporate officers of the Funeral Establishment**

<b>Name</b> <div style="border: 1px solid black; height: 20px; width: 95%;"></div>	<b>Title</b> <div style="border: 1px solid black; height: 20px; width: 95%;"></div>
<b>Name</b> <div style="border: 1px solid black; height: 20px; width: 95%;"></div>	<b>Title</b> <div style="border: 1px solid black; height: 20px; width: 95%;"></div>
<b>Name</b> <div style="border: 1px solid black; height: 20px; width: 95%;"></div>	<b>Title</b> <div style="border: 1px solid black; height: 20px; width: 95%;"></div>
<b>Name</b> <div style="border: 1px solid black; height: 20px; width: 95%;"></div>	<b>Title</b> <div style="border: 1px solid black; height: 20px; width: 95%;"></div>

# Wisconsin Department of Safety and Professional Services

List all Establishments operation in WI that are owned by the same Individual or Business Entity

Name of Establishment <input style="width: 95%; height: 20px;" type="text"/>	License # <input style="width: 95%; height: 20px;" type="text"/>
Name of Establishment <input style="width: 95%; height: 20px;" type="text"/>	License # <input style="width: 95%; height: 20px;" type="text"/>
Name of Establishment <input style="width: 95%; height: 20px;" type="text"/>	License # <input style="width: 95%; height: 20px;" type="text"/>

List all persons employed in the Funeral Establishment (attach additional sheet(s) if there are employees)

Name of Licensed Employee and License # <input style="width: 95%; height: 20px;" type="text"/>	Name of Licensed Employee and License # <input style="width: 95%; height: 20px;" type="text"/>
Name of Non-Licensed Employee <input style="width: 95%; height: 20px;" type="text"/>	License # <input style="width: 95%; height: 20px;" type="text"/>
Name of Registered Apprentice and License # <input style="width: 95%; height: 20px;" type="text"/>	Name of Registered Apprentice and License # <input style="width: 95%; height: 20px;" type="text"/>

**ANSWER THE FOLLOWING QUESTIONS** (Attach additional sheets if necessary.)

1.	Are any of the licensed funeral directors in this establishment financially, through an ownership or operation interest, or otherwise, connected with a Wisconsin cemetery? <b>If yes, please explain.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Is the owner or operator of this establishment financially, through an ownership or operation interest or otherwise, connected with a Wisconsin cemetery? <b>If yes, please explain.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	If the owner or operator of this establishment is controlled by another business entity or is a subsidiary of another business entity, is the controlling business entity or the parent business entity, through an ownership or operation interest, or otherwise, connected with a Wisconsin cemetery? <b>If yes, please explain.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Is the building or structure in which this proposed funeral establishment located affixed to real property?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.	Does this proposed funeral establishment have its own preparation room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.	Is the licensed funeral director in charge of this proposed funeral establishment also in charge of not more than two other establishments and does at least one of these establishments have a preparation room? <b>If yes, provide the name, license number and location of the establishment with the preparation room to be used for this proposed establishment.</b> <input style="width: 95%; height: 20px;" type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.	Is the operator of this proposed establishment an operator of a medical care institution as defined in Wis. Stat. § 610.70(1)(3), or a church, synagogue, mosque, or any organization, whether or not organized under Wis. Stat. § 187, that operates under a creed as defined in Wis. Stat. § 111.32(3m)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

# Wisconsin Department of Safety and Professional Services

## ANSWER THE FOLLOWING QUESTIONS

YES NO

1. Funeral Director's licenses and certificates of apprenticeship are displayed conspicuously in the place of business. (Wis. Stat. § 445.09)
2. Board-issued Funeral Establishment permit will be displayed conspicuously in the funeral establishment. (Wis. Stat. § 445.105(1))
3. We have prepared the required price disclosures. (FTC Regulations, 16 CFR 453.2)
4. Every installation used for embalming operations has a floor area of not less than 100 square feet per embalming table and is used solely for embalming. The embalming area is isolated by walls or adequate partitions. (Wis. Admin. Code § FD 1.09(1))
5. The walls and furniture of the embalming installation area are constructed of material that is easily washed and disinfected. (Wis. Admin. Code § FD 1.09(1))
6. The installation used for embalming is equipped with hot and cold running water supply under pressure and is in quantity sufficient for operations performed therein and for cleaning the room. (Wis. Admin. Code § FD 1.09(1))
7. Waste water flows into the main sewer, if available, or an adequate septic tank. (Wis. Admin. Code § FD 1.09(1))
8. Hand washing facilities are easily accessible. (Wis. Admin. Code § FD 1.09(1))
9. All preparation rooms are equipped with adequate sanitary facilities so that no health hazards are produced as a result of embalming operations performed therein. (Wis. Admin. Code § FD 1.09(2))
10. All preparation rooms are equipped with a ventilating system capable of expelling gas or fumes to an outside point so as not to create a nuisance. (Wis. Admin. Code § FD 1.09(3))
11. All preparation rooms are equipped with a hard surface, metal or porcelain top embalming table. (Wis. Admin. Code § FD 1.09(3))
12. All preparation rooms are equipped with a set of essential embalming instruments and a supply of disinfectants. (Wis. Admin. Code § FD 1.09(3))
13. All preparation rooms, equipment, instruments and supplies are in a clean and sanitary condition. (Wis. Admin. Code § FD 2.10(1))
14. We have prepared a protocol and made it available to staff, relating to handling a body that contains radioisotope. (Wis. Admin. Code § FD 2.11)
15. Embalming fluid has been diluted to the percentage of concentration recommended by the manufacturer of the embalming fluid. (Wis. Admin. Code § DHS 136.05)
16. We have prepared an Exposure Control Plan and made it accessible to staff, designed to eliminate or minimize exposure to blood or other potentially infectious materials. (OSHA Regulation. See 29 CFR 1910.1030)
17. Personal protective equipment is available, including gloves, gowns, face shields, masks, drench showers, eye washers, and eye protection. (OSHA Regulation. See 29 CFR 1910.1030)
18. We will comply with the requirements, relating to regulated waste containers. (OSHA Regulation. See 29 CFR 1910.1030)
19. We will follow precautions relating to formaldehyde, including respiratory protection, protective gloves, eye protection and protective clothing. (OSHA Regulation. See 29 CFR 1910.1030)

# Wisconsin Department of Safety and Professional Services

## AFFIDAVIT OF APPLICANT

I declare that I am the person referred to on this application and that all answers set forth are each and all strictly true in every respect. I understand that failure to provide requested information, making any materially false statement and/or giving any materially false information in connection with my application for a credential or for renewal or reinstatement of a credential may result in credential application processing delays; denial, revocation, suspension or limitation of my credential; or any combination thereof; or such other penalties as may be provided by law. I further understand that if I am issued a credential, or renewal, or reinstatement thereof, failure to comply with the statutes and/or administrative code provisions of the licensing authority will be cause of disciplinary action.

By signing below, I am signifying that I have read the above statements (Certification of Legal Status, Continuing Duty of Disclosure, and Affidavit of Applicant) and understand the obligation I have as an applicant or credential-holder should information I have provided to the Department of Safety and Professional Services change.

Sign of Owner/Operator, Officer or Partner:  Date:  /  /   
**(Print and Sign Name)**

Print Name of Person signing above: