

# TRANSFER APPLICATION FOR KANSAS CREMATORY OPERATOR'S LICENSE

Complete the following application and return to the Board office. Please include a \$15 duplicate license fee

I hereby apply for a transfer of my Kansas crematory operator's license:

Applicant's Signature: \_\_\_\_\_

Applicant's Full Legal Name (print): \_\_\_\_\_

Work Address: \_\_\_\_\_

Work City, State, Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Licensed Crematory Where Employed: \_\_\_\_\_

Date First Employed: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Email Address: \_\_\_\_\_

Home Address : \_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Email: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

K.S.A. 74-139 states that upon request of the director of taxation, the board is required to provide a listing of all applicants their social security number and address.

Kansas State Board of Mortuary Arts  
700 SW Jackson, Suite 904  
Topeka, Kansas 66603-3733  
Telephone: (785) 296-3980  
Fax: (785) 296-0891  
Email: [boma1@ksbma.ks.gov](mailto:boma1@ksbma.ks.gov)  
Web site: <http://www.kansas.gov/ksbma/>

Revised: May 22, 2012

**\*\*\*BE SURE TO READ THE BACK PAGE OF THIS APPLICATION, CHECK THE  
APPROPRIATE RESPONSES AND SIGN AND DATE AT THE BOTTOM OF THE PAGE.\*\*\***

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