



**STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
BOARD OF FUNERAL DIRECTORS AND EMBALMERS**
DAVY CROCKETT TOWER
500 JAMES ROBERTSON PARKWAY
NASHVILLE, TENNESSEE 37243-1144
PHONE (615) 741-5062
FAX (615) 532-1903
<http://funeral.tn.gov>

REMOVAL SERVICE REGISTRATION APPLICATION

INSTRUCTIONS

**DO NOT RETURN THIS INSTRUCTIONS PAGE. KEEP IT FOR YOUR RECORDS.
SUBMIT THE APPLICATION, FEE, AND PROOF OF INSURANCE ONLY TO THE BOARD.**

1. This form must be typed or legibly written in black or blue ink. Each question must be answered completely before registration will be approved. No person or entity shall engage in the removal service business unless the individual or entity is registered with the Board of Funeral Directors and Embalmers.
2. A removal service means any person or entity that engages in arranging, directing, supervising or performing the transportation of deceased human remains for a fee. A removal service does not include a licensed funeral director, a licensed embalmer, or a licensed funeral establishment or person's employees; a federal, state or county government agency involved in the transportation of deceased human remains; or a private, for-profit ambulance service licensed pursuant to the Emergency Medical Services Act of 1983, compiled in title 68, chapter 140, part 3.
3. An application shall be accompanied by a non-refundable fee of three hundred fifty dollars (\$350.00) and proof of liability insurance with a minimum of one million dollars (\$1,000,000.00) in coverage. Upon receipt of a properly completed legally qualifying application, a certificate shall be issued by the Board. All registrations shall expire two (2) years from the date of issuance.
4. An applicant who has been convicted of a violation of Title 62, Chapter 5, Tennessee Code Annotated, or Tennessee Code Annotated § 39-17-312 shall be prohibited from registering as a removal service if the date of the final order of such conviction is within five (5) years of the date of the submission of the registration application. Applicants must be eligible for registration on the date the application is submitted.
5. The registration of a removal service shall be immediately revoked by operation of law upon the conviction of the removal service or any principal officer, director, or person owning more than five percent (5%) of the removal service of any violation of this chapter or § 39-17-312. A copy of the judgment of conviction shall be transmitted to the Board by the law enforcement agency responsible for the conviction.



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APPLICATION FOR REMOVAL SERVICE REGISTRATION

Name of Applicant: _____

Corporation Limited Liability Company Partnership Sole Proprietorship

Federal Employer Identification Number or Social Security Number: _____

Physical Location: _____

City, State, Zip: _____

Mailing Address (If different than physical address): _____

City, State, Zip: _____

Phone: _____ Facsimile: _____

Email: _____ Website: _____

Liability Insurance: _____ YES _____ NO

Name of Insurance Company: _____

Liability Insurance Policy #: _____ Amount of Liability Insurance: \$ _____

Business Owner or Authorized Representative – Please Complete Portion Below

Within the past five (5) years, has this proposed registrant or any principal officer, director, or any person owning more than five percent (5%) of the applicant's removal services been convicted of a violation of this chapter or § 39-17-312? _____ YES _____ NO

I, the undersigned, declare under penalties of perjury pursuant to Tenn. Code Ann. § 39-16-702(a)(3), that the information contained in this registration application is true, correct and complete to the best of my knowledge, information and belief and that I am duly authorized to act on behalf of the Removal Service listed above.

Print Name

X _____
Signature Date

(Make check or money order payable to the Tennessee Board of Funeral Directors and Embalmers.)