



Janet Napolitano, Governor

Arizona State Veterinary Medical Examining Board
1400 W. Washington, Ste 240 ♦ Phoenix, AZ 85007
Phone: 602-364-1738 ♦ Fax: 602-364-1039

www.vetbd.state.az.us

Jenna Jones, Executive Director

APPLICATION FOR AN ANIMAL CREMATORY LICENSE

Licensing Fee: \$400.00 ♦ All fees are non-refundable.

Alternative Format for Submitting Application

An individual with a disability who, as a result of the disability, requires this application to be in an alternative format may contact the Board's Americans with Disability coordinator at (602) 364-1738, or Voice Relay Service (800) 842-4681 or TTY at (800) 367-8939 to make their needs known.

Please complete the following:

1. Name of Animal Crematory: \_\_\_\_\_

Physical Address of Animal Crematory: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Telephone Number (\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_) \_\_\_\_\_

Mailing Address if Different: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

2. Name of each responsible owner of the animal crematory:

Check only one (1) box and complete required information:

Owner is an individual:

Name: \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Telephone Number (\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_) \_\_\_\_\_

Owner is a partnership: (If more space is required, attach a separate sheet of paper.)

Name of Partner: \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Telephone Number (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

Name of Partner: \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Telephone Number (\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_) \_\_\_\_\_

Name of Partner: \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

- Owner is a corporation or another business form:** Supply name of all individuals owning at least 10 percent of the business. (If more space is required, attach a separate sheet of paper.)

Name of Corporation/Business: \_\_\_\_\_

Name of Owner: \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

Name of Owner: \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

Name of Owner: \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

**3. Name of the operator:** \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

**4. Descriptions:** (If more space is required, attach a separate sheet of paper.)

<b>A. Describe the services to be provided at the animal crematory:</b> (Check all that apply.)	
<input type="checkbox"/> Individual Cremation	<input type="checkbox"/> Incineration of Sharps
<input type="checkbox"/> Communal Cremation	<input type="checkbox"/> Pick up and delivery of remains provided by Crematory.
<input type="checkbox"/> Public Viewing	<input type="checkbox"/> Transportation of remains provided by a third party.
<input type="checkbox"/> Private Viewing	
<input type="checkbox"/> Other, please describe: _____	
_____	

**B. Describe the animal crematory:**

- Building: Free Standing: \_\_\_\_\_ Strip Mall: \_\_\_\_\_ Warehouse: \_\_\_\_\_ Other: \_\_\_\_\_

- Size - Square Footage: \_\_\_\_\_ Type of Ventilation: \_\_\_\_\_

- Is the animal crematory part of veterinary premise? Y N

If yes, name of premise: \_\_\_\_\_ Premise License # \_\_\_\_\_

- Equipment: Inside of Building \_\_\_\_\_

Outside of Building \_\_\_\_\_ Fenced? Y N

- Other, please describe: \_\_\_\_\_

**C. Describe the cremation equipment: If more than three pieces of equipment, attach a separate sheet of paper answering the same questions as listed below:**

1. Make: \_\_\_\_\_ Model: \_\_\_\_\_

- Type of unit: \_\_\_\_\_ Size of unit: \_\_\_\_\_

- Year manufactured: \_\_\_\_\_ Year installed: \_\_\_\_\_

- Last service date: \_\_\_\_\_ Has unit been modified? Yes No

If yes, date of modification: \_\_\_\_\_ Type of modification: \_\_\_\_\_

2. Make: \_\_\_\_\_ Model: \_\_\_\_\_

- Type of unit: \_\_\_\_\_ Size of unit: \_\_\_\_\_

- Year manufactured: \_\_\_\_\_ Year installed: \_\_\_\_\_

- Last service date: \_\_\_\_\_ Has unit been modified? Yes No

If yes, date of modification: \_\_\_\_\_ Type of modification: \_\_\_\_\_

3. Make: \_\_\_\_\_ Model: \_\_\_\_\_

- Type of unit: \_\_\_\_\_ Size of unit: \_\_\_\_\_

- Year manufactured: \_\_\_\_\_ Year installed: \_\_\_\_\_

- Last service date: \_\_\_\_\_ Has unit been modified? Yes No

If yes, date of modification: \_\_\_\_\_ Type of modification: \_\_\_\_\_

**OPERATOR TO COMPLETE THIS SECTION:**

I (please print), \_\_\_\_\_, the operator of  
(name of crematory) \_\_\_\_\_ make application  
to the Arizona State Veterinary Medical Examining Board for an animal crematory license in the state of Arizona  
pursuant to A.R.S. Article 8: License Requirements, et.seq. I understand the filing of this application grants  
authority to the Board to obtain information from any licensing agency or board in the United States or another  
country; **and that** I shall make an oath as to the contents of my application and credentials submitted to the Board  
**and that** I acknowledge that any falsification in my application to the Board is adequate cause by the Board to deny  
my application; **and that** the Board may report any falsification of information to other licensing agencies and  
boards.

\_\_\_\_\_/\_\_\_\_\_  
Signature of Operator / Date

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**RESPONSIBLE OWNER TO COMPLETE THIS SECTION:**

I (please print), \_\_\_\_\_, the responsible owner  
of (name of crematory) \_\_\_\_\_ make application to the  
Arizona State Veterinary Medical Examining Board for an animal crematory license in the state of Arizona  
pursuant to A.R.S. Article 8: License Requirements, et.seq. I understand the filing of this application grants  
authority to the Board to obtain information from any licensing agency or board in the United States or another  
country; **and that** I shall make an oath as to the contents of my application and credentials submitted to the Board  
**and that** I acknowledge that any falsification in my application to the Board is adequate cause by the Board to deny  
my application; **and that** the Board may report any falsification of information to other licensing agencies and  
boards.

\_\_\_\_\_/\_\_\_\_\_  
Signature of a Responsible Owner / Date

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**ALL THE FOLLOWING DOCUMENTS  
MUST ACCOMPANY THIS APPLICATION**

1. **Submit required non-refundable fee of \$400.00.**
  2. **Submit evidence that the operator received training in the safe and proper operation of the cremation chamber.**
  3. **Submit a copy of every application for license or permit issued for the animal crematory to operate in this state.**
  4. **Corporations must attach Articles of Incorporation to this application.**
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