

# RETORT OPERATOR APPLICATION

Copy of High School Diploma/GED  
and Certificate of Operator Training  
must be attached



I hereby make application to

LOUISIANA STATE BOARD OF EMBALMERS  
AND FUNERAL DIRECTORS  
STATE OF LOUISIANA

for a Crematory Retort Operator's License in accordance with State Law and Board requirements

My name is: \_\_\_\_\_

My Social Security Number is: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

My home address is: \_\_\_\_\_  
Street or P. O. Box Number City State Zip Code

My mailing address is: \_\_\_\_\_

I graduated from \_\_\_\_\_ High School at \_\_\_\_\_  
City Date

I have successfully completed a required training course as approved by the Board and as evidenced by a  
Certificate of Training by \_\_\_\_\_  
Company/Organization

License application must be fully completed (all information is required), notarized  
and returned with the required paperwork and fee.  
Questions which do not pertain to you should be answered "None" or "Not Applicable".  
Any application which is not fully completed will be returned to the applicant.

I promise and agree that if this application is accepted and I should be granted a license to be a crematory retort operator in Louisiana that I will at all times lead a temperate life, obey the laws of the State and the rules and regulations of the Louisiana State Board of Embalmers and Funeral Directors and the requirements of the Department of Environmental Quality.

I also promise to maintain the honor and dignity of the profession. It is understood and agreed that if I should fail to keep the above agreements, or if I have made any false statements in the above application that my license may be suspended or revoked by the Board at any time.

Signature \_\_\_\_\_  
Full name of Applicant

Signed and Dated at

\_\_\_\_\_ City \_\_\_\_\_ State

This the \_\_\_\_\_ day of \_\_\_\_\_  
Month/Year

State of \_\_\_\_\_

Parish of \_\_\_\_\_

Name \_\_\_\_\_ the above named person, personally known to me, signed the application in my presence and being duly sworn, he/she states that he/she read the above application and that the statements which he/she made therein are true to the best of his/her knowledge, information, and belief.

\_\_\_\_\_ My Commission expires \_\_\_\_\_  
Notary Public

**PLEASE RESPOND TO THE FOLLOWING INQUIRY STATEMENT:**

The applicant herein, under oath, and any person subscribing to this application in recommendation thereof, hereby certifies that the applicant has never been convicted of any misdemeanor, felony, or other violation of law and is not now, nor has he/she ever been addicted to narcotics, alcohol, or other unlawful stimulants, except

\_\_\_\_\_  
\_\_\_\_\_  
Initials of Applicant: \_\_\_\_\_

Any discovered misstatements given herein will bring about the immediate cancellation of any license granted to the applicant.

**\$250.00 Fee must be enclosed with application**

**CERTIFICATES OF RECOMMENDATION (Three are required)**

**THIS IS TO CERTIFY** that I have been acquainted with \_\_\_\_\_

the applicant named herein and I known he/she to be of good moral character and excellent reputation in the community, reliable and qualified as an applicant to be a crematory retort operator.

State of \_\_\_\_\_

Parish of \_\_\_\_\_

Years acquainted: \_\_\_\_\_

Signed: \_\_\_\_\_

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

whose name appears opposite on this page,  
being sworn says: That the above statement  
that he/she signed is true to the best of his/  
her knowledge and belief.

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

Date: \_\_\_\_\_

My commission expires: \_\_\_\_\_

State of \_\_\_\_\_

Parish of \_\_\_\_\_

Years acquainted: \_\_\_\_\_

Signed: \_\_\_\_\_

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

whose name appears opposite on this page,  
being sworn says: That the above statement  
that he/she signed is true to the best of his/  
her knowledge and belief.

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

Date: \_\_\_\_\_

My commission expires: \_\_\_\_\_

State of \_\_\_\_\_

Parish of \_\_\_\_\_

Years acquainted: \_\_\_\_\_

Signed: \_\_\_\_\_

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

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Notary Public

Date: \_\_\_\_\_

My commission expires: \_\_\_\_\_

