



Larry Hogan, Governor · Boyd K. Rutherford, Lt. Governor · Dennis R. Schrader, Secretary

MARYLAND BOARD OF MORTICIANS AND FUNERAL DIRECTORS

4201 PATTERSON AVENUE • BALTIMORE, MD 21215 • (410) 764 – 4792

APPLICATION FOR MORTUARY TRANSPORT SERVICE PERMIT

(Requirements per COMAR 10.29.21)

Included	Required Documents
<input type="checkbox"/>	Valid Driver's License (good standing)
<input type="checkbox"/>	Articles of Organization/Incorporation (if applicable)
<input type="checkbox"/>	IRS EIN letter
<input type="checkbox"/>	Liability insurance carrier declaration page that covers each Transporter
<input type="checkbox"/>	Motor vehicle insurance carrier declaration page
<input type="checkbox"/>	Surety bond or letter of bond ability
<input type="checkbox"/>	BOMFD removal vehicle inspection report (successfully passed)
<input type="checkbox"/>	Completed Transporter application and fee for each transporter

In addition to the original, notarized application, initial non-refundable application fee (depending on number of Transporters), the above documents are required and must be received THREE (3) weeks in advance of the scheduled Board meeting for consideration.



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(Requirements per COMAR 10.29.21 and Title 7-601)

A Mortuary Transport Service permit expires September 30th every two years. The non-refundable initial application fee and the renewal application fee are based on the number of employed Transporters:

Category 1: 1-3 Transporters - **\$350**

Category 2: 4-7 Transporters - **\$500**

Category 3: 8-15 Transporters - **\$750**

Category 4: 16+ Transporters - **\$1,000**

Please print clearly. All sections must be completed. For initial applications, please submit a separate application and non-refundable \$40 fee for each Transporter. Please make checks or money orders payable to: Maryland Board of Morticians and Funeral Directors, 4201 Patterson Avenue, Baltimore, Maryland 21215.

Please check one: Initial Renewal: Permit No. **MT**: _____

SECTION I - GENERAL INFORMATION

Name of Mortuary Transport Service: _____

Mailing Address: _____

Telephone Number: _____ Fax Number: _____

Email Address: _____

Federal Employer Identification No: _____

SECTION II - BUSINESS STRUCTURE

Name of Owner: _____

Owner Social Security No. _____ Owner Birth Date: _____

Race *(Please circle all applicable; for statistical purposes only):*

1 – White 2 – African American 3 – American Indian 4 – Asian 5 – Hispanic 6 – Other

Name of Co-Owner 1: _____

Co-Owner 1 Social Security No. _____ Co-Owner 1 Birth Date: _____

Name of Co-Owner 2: _____

Co-Owner 2 Social Security No. _____ Co-Owner2 Birth Date: _____

Business Structure: _____

SECTION III - LICENSING INFORMATION

A. Other license/permit/registration numbers held in Maryland: N/A
1. _____
2. _____
3. _____

B. Other license/permit/registration numbers held in another state(s): N/A
1. _____
2. _____
3. _____

SECTION IV - TRANSPORTERS

(List all employed Transporters. Attach additional pages if necessary.)

Name: _____ Permit No.: T _____

Name: _____ Permit No.: T _____

Name: _____ Permit No.: T _____

Name: _____ Permit No.: T _____

Name: _____ Permit No.: T _____

Name: _____ Permit No.: T _____

SECTION V - INSURANCE

A. Liability Insurance Company: _____
Policy No.: _____

B. Motor Vehicle Insurance Company: _____
Policy No.: _____

SECTION VI – VEHICLES

(List all transport vehicles. Attach additional pages if necessary.)

A. Vehicle 1 Make: _____ Vehicle 1 Model: _____
Vehicle 1 VIN: _____

B. Vehicle 2 Make: _____ Vehicle 2 Model: _____
Vehicle 2 VIN: _____

VERIFIED APPLICATION UNDER PENALTIES OF PERJURY

I certify that the above statements, to the best of my knowledge and belief are true, correct, complete, and made in good faith. In accordance with the Code of Maryland Regulations (COMAR) 10.29.21.03B(3) to apply for a permit, an individual shall submit to the Board of Morticians and Funeral Directors a notarized statement attesting to compliance with Health Occupations Article, §7-602(c), Annotated Code of Maryland.

I understand that I must notify the Maryland Board of Morticians and Funeral Directors of a change of address **within 30 days**. I understand that I must notify the Board within 30 days and confiscate the identification card of a Registered Transporter who is no longer employed.

I attest by entering my signature below, I have complied with all applicable State and local laws; my mortuary transport services vehicle will be owned and operated in accordance with COMAR 10.29.21; and while my mortuary transport service removes and transports human remains, I will be held responsible for the treatment of the human remains.

Signature of Owner or Co-Owner*

Date

* must be notarized (see notarization page)

NOTARIZATION

STATE: _____

CITY/COUNTY: _____

I HEREBY CERTIFY that on this _____ day of _____, 20____, before me, a Notary Public of the State and City/County aforesaid, personally appeared _____
Applicant

and made oath in due form of law that signing the foregoing Application for Licensure was the voluntary act and deed of _____.
Applicant

AS WITNESSETH my hand and Notarial Seal.

SEAL

Notary Public

My Commission Expires: _____