



## ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

### STEPS TO OBTAIN AN ANIMAL CREMATORY LICENSE

\*BEFORE providing animal cremation services, an applicant must:

- Fully complete the Animal Crematory License Application
  - ✓ Include \$400 application fee. Payable by check or money order to AVMEB.
  - ✓ Include other required documents:
    1. Copy of documentation of Responsible Owner's citizenship or alien status. See application for acceptable types of documents.
    2. Evidence that all animal crematory operators have received training in the safe and proper operation of the cremation chamber from the manufacturer of the retort or other provider. (This is generally evidenced by a training completion certificate.)
    3. Copies of all licenses, permits, and/or application for the operation of the animal crematory (DEQ permits, city business licenses, county license, etc. if applicable).

\*Once you have been notified that your application is complete, you may begin providing services! You do not have to wait until the license is issued to open!

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#### What's Next?

Once you have submitted the animal crematory application and required fee, the **Board staff will review the application for completeness**. The Board is allowed 30 days to complete this review; however, this step is generally much faster. You should expect a response within approximately one week following submission. You will either be asked for additional information that is missing or incorrect from your application or you will be notified that your application is complete and that you may begin to offer animal cremation services. If the application is not complete, our overall required time-frame to issue the license stops until the requested information is received by the Board.

**If your application is complete, you will be sent an acknowledgement letter and packet** of the current Arizona statutes and administrative rules that apply to the Arizona State Veterinary Medical Examining Board, that we suggest you carefully review. You may also review the Inspection check-list on our website.

**Within 90 days of receiving a complete application, the Board's Compliance Inspector will contact you to arrange an inspection of the animal crematory.** It is preferred that the crematory has provided services and generated records before the inspection occurs. The facility may be operating during the inspection, which generally lasts 1 to 2 hours depending on the complexity and size of the facility. At the time of scheduling, the Inspector will answer any questions you may have about the process. The inspection is not a "pass/fail" process; **if any potential violations are noted, you will have the opportunity to address any issues before your application is considered by the full Board for approval.**

Aside from time spent waiting for additional information from you, including your response to any potential violations, the Board is granted 90 days in which to issue a license. If the crematory is not operating and/or the crematory owner/staff does not make the facility available for inspection during that time, you may need to submit a new license application.

**Questions?** Contact the Board's Compliance Inspector, Gina Pickering, at 602-542-8605.



DOUGLAS A. DUCEY  
GOVERNOR

# ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD

9535 E. DOUBLETREE RANCH ROAD, SUITE 100 SCOTTSDALE, AZ 85258

PHONE: 602-364-1PET (1738) ♦ FAX: 602-364-1039

VETBOARD.AZ.GOV

VICTORIA WHITMORE, EXECUTIVE DIRECTOR

## APPLICATION FOR AN ANIMAL CREMATORY LICENSE

Please complete the following:

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

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

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

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

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

Mailing Address (if different than above information): \_\_\_\_\_

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

**2. Name of the Responsible Owner of the animal crematory:** \_\_\_\_\_

The "Responsible Owner" means the person designated by the crematory owner to be responsible to the Board for the operation of the animal crematory." (A.A.C. R3-11-1001)

**2a. Designated Responsible Owner's residential address:** \_\_\_\_\_

**2b. Attach copy of documentation of citizenship or alien status, indicating the Responsible Owner's presence in the U.S. is authorized under federal law.** See "Evidence of U.S. Citizenship, U.S. National Status, or Alien Status" List on page 5 for acceptable types of documentation. (A.R.S. §41-1080(A))

**3. Animal Crematory Ownership Information:**

Check only one (1) box and complete required information regarding type of ownership:

Owner is an Individual

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

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

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

Telephone Number (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

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 (\_\_\_\_) \_\_\_\_\_

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:** \_\_\_\_\_

Federal ID#: \_\_\_\_\_

**Name of Owner:** \_\_\_\_\_

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

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

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

**Name of Owner:** \_\_\_\_\_

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

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

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

**Name of Owner:** \_\_\_\_\_

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

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

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

#### 4. Animal Crematory Operator(s):

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

Operator #1 Name: \_\_\_\_\_

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

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

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

Operator #2 Name: \_\_\_\_\_

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

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

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

Operator #3 Name: \_\_\_\_\_

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

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

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

#### 5. Animal Crematory Descriptions: (If more space is required, attach a separate sheet of paper.)

**A. Describe the animal crematory:** Number of units: \_\_\_\_\_

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

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

Is the animal crematory part of a veterinary premise: Yes No (please circle)  
If yes, name of premise: \_\_\_\_\_ Premise License #: \_\_\_\_\_

Equipment inside of building: \_\_\_\_\_

Equipment outside of building: \_\_\_\_\_ Fenced? Yes No

**B. What services will be provided at the animal crematory?:** (Check all that apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Individual Cremation* | <input type="checkbox"/> Transport of sharps/bio-hazardous materials          |
| <input type="checkbox"/> Private Cremation*    | <input type="checkbox"/> Pick-up and delivery of remains                      |
| <input type="checkbox"/> Communal Cremation*   | <input type="checkbox"/> Transportation of remains provided by a third party. |
| <input type="checkbox"/> Private Viewing       | <input type="checkbox"/> Other, please describe: _____                        |

\*See page 5 for definitions

**C. Describe the cremation equipment:** If more than 2 pieces of equipment, attach a separate sheet of paper and answer the same questions as below for each.

1. Make: \_\_\_\_\_ Model: \_\_\_\_\_
- Type of unit: \_\_\_\_\_ Size of unit: \_\_\_\_\_
  - Year manufactured: \_\_\_\_\_ Year installed: \_\_\_\_\_
  - Last service date: \_\_\_\_\_ Has unit been modified? Yes No
  - If unit has been modified, date of modification(s) and type(s) of modification(s):  
\_\_\_\_\_  
\_\_\_\_\_
2. Make: \_\_\_\_\_ Model: \_\_\_\_\_
- Type of unit: \_\_\_\_\_ Size of unit: \_\_\_\_\_
  - Year manufactured: \_\_\_\_\_ Year installed: \_\_\_\_\_
  - Last service date: \_\_\_\_\_ Has unit been modified? Yes No
  - If unit has been modified, date of modification(s) and type(s) of modification(s):  
\_\_\_\_\_  
\_\_\_\_\_

## 6. DESIGNATED RESPONSIBLE OWNER TO COMPLETE THIS SECTION:

I (please print), \_\_\_\_\_, the Responsible Owner of (name of animal 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 Responsible Owner Date

### **THE FOLLOWING FEE AND DOCUMENTS MUST ACCOMPANY THIS APPLICATION**

- \_\_\_\_\_ Submit required non-refundable fee of \$400.00.
- \_\_\_\_\_ Submit evidence that each operator received training in the safe and proper operation of the cremation chamber from the manufacturer of the retort or other provider. (This is generally evidenced by a training completion certificate).
- \_\_\_\_\_ Submit copies of all licenses and permits and/or applications for this operation (DEQ permits, city business license, etc.)
- \_\_\_\_\_ Submit copy of evidence of legal presence in the U.S. of designated Responsible Owner (e.g. passport, Arizona driver's license – black/white copy acceptable).

## EVIDENCE OF U.S. CITIZENSHIP, U.S. NATIONAL STATUS, OR ALIEN STATUS

You must submit supporting legal documentation (i.e. marriage certificate) if the name on your evidence is not the same as your current legal name.

### Evidence showing authorized presence in the United State includes the following:

1. An Arizona driver license issued after 1996 or an Arizona non-operating identification license.
2. A driver license issued by a state that verifies lawful presence in the United States.
3. A birth certificate or delayed birth certificate showing birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time)
4. A United States certificate of birth abroad.
5. A United States passport. \*\*\*Passport must be signed\*\*\*
6. A foreign passport with a United States visa.
7. An I-94 form with a photograph.
8. A United States citizenship and immigration services employment authorization document or refugee travel document.
9. A United States certificate of naturalization.
10. A United States certificate of citizenship.
11. A tribal certificate of Indian blood.
12. A tribal or bureau of Indian affairs affidavit of birth.
13. Any other license that is issued by the federal government, any other state government, an agency of this state or a political subdivision of this state that requires proof of citizenship or lawful alien status before issuing the license.

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### Cremation types – definitions (A.A.C. R3-11-1001)

“Individual cremation” means the remains of each animal are separated and placed in a mapped location in the cremation chamber during the cremation procedure.

“Private cremation” means the remains of only one animal are placed in the cremation chamber.

“Communal cremation” means remains from multiple animals are in the cremation chamber without any form of separation or identification during the cremation process.

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Please be advised of the following pursuant to Arizona Revised Statutes (A.R.S.) §41-1030:

A.R.S. §41-1030(B): An agency shall not base a licensing decision in whole or in part on a licensing requirement or condition that is not specifically authorized by statute, rule or state tribal gaming compact. A general grant of authority in statute does not constitute a basis for imposing a licensing requirement or condition unless a rule is made pursuant to that general grant of authority that specifically authorizes the requirement or condition.

A.R.S. §41-1030(D): This section may be enforced in private civil action and relief may be awarded against the state. The court may award reasonable attorney fees, damages and all fees associated with the license application to a party that prevails in an action against the state for a violation of this section.

A.R.S. §41-1030(E): A state employee may not intentionally or knowingly violate this section. A violation of this section is cause for disciplinary action or dismissal pursuant to the agency’s adopted personnel policy.

A.R.S. §41-1030(F): This section does not abrogate the immunity provided by section 12-820.01 or 12-820.02.