STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene

Larry Hogan, Governor – Boyd K. Rutherford, Lt. Governor – Van T. Mitchell, Secretary

Maryland Board of Morticians and Funeral Directors

Attachments for each Transporter

1. Notarized letter that they are bondable
2. Picture of Driver's License
3. Copy of complete driving record
4. Background check completed by CJIS
5. A course on OSHA or MOSHA to include Blood-Borne Pathogens and Infection Control
6. A course on the Human Dignity Act (Health General Article § 5-513)

4201 Patterson Avenue, Baltimore, Maryland 21215-2299
Phone: 410-764-4792 Fax: 410-358-6571
Web Site: www.dhmh.maryland.gov/bom

MARYLAND BOARD OF MORTICIANS AND FUNERAL DIRECTORS

DATA SHEET FOR REGISTERED TRANSPORTERS

SECTION I – GENERAL INFORMATION - This section must be completed in full.

A. Name of Individual: _____

B. Social Security Number: ☐☐☐ - ☐☐ - ☐☐☐☐
(There is a statutory requirement that you disclose your social security number. It will be used for identification purposes only.)

C. Race (Please circle all applicable; for statistical purposes only): 1-White 2-Black or African American 3-American Indian or Alaska Native 4-Hispanic or Latino 5-Asian 6-Other

D. Home Address: _____
_____

Home Phone Number: ☐☐☐ - ☐☐☐-☐☐☐☐

E. Work Address: _____
_____

Work Phone Number: ☐☐☐ - ☐☐☐-☐☐☐☐

E-mail address: _____

F. Mailing Address: Which address do you wish to receive mail from the Board? (Renewal Licenses, Newsletters, etc.) *(Please check one)* Work: ☐ Home: ☐

G. State of Residence: _____ G. State of Employment: _____

H. Driver's License Information:

State: _____ Number: _____

I. List all Transport Companies that you are employed by:

Name of Company	Supervisor/Owner	State

CONTINUING EDUCATION REQUIREMENTS: I have ☐ have not ☐ completed all required courses in the regulations.

CHARACTER QUESTIONS

Yes	No		
☐	☐	1)	Has the use of drugs and/or alcohol resulted in an impairment of your ability to perform the duties of a transport service?
☐	☐	2a)	Has any licensing or disciplinary board in any jurisdiction, or an entity of the Armed services, denied your application for licensure, reinstatement or renewal; taken any action against any license you may hold, including but not limited to, reprimand, suspension, revocation, fine or non-judicial punishment?
☐	☐	2b)	Have you surrendered or allowed any license to lapse while under investigation by a State MVA in any jurisdiction or an entity of the Armed Services?
☐	☐	3)	Are you currently under investigation or have any complaints or charges been brought against you or are currently pending, in any jurisdiction, by any licensing or disciplinary board or entity of the Armed Services?
☐	☐	4)	Have you ever had a physical or mental illness that may presently affect or impair your ability to practice your profession?
☐	☐	5)	Have you ever been charged with or pled guilty, nolo contendere, been convicted, received probation before judgment or other diversionary disposition of any criminal act or for driving while intoxicated, or for a controlled and dangerous substance offense (excluding minor traffic violations)?
☐	☐	6)	Has your employment by any funeral establishment been affected by disciplinary actions, including probation before judgment, suspension, loss of privileges, transfer to other duties, or termination of employment or contract?
☐	☐	7)	Has any claim for damages been filed against you which is pending, has been dismissed, has been settled, or damages have been awarded against you?

Applicant Signature

Practice of mortuary science or funeral direction without an active license is a violation of the Morticians Act. I affirm that the contents of this document are true and correct to the best of my knowledge and belief. Failure to provide truthful answers may result in disciplinary action.

_____

Applicant Signature **Date**