



ARKANSAS INSURANCE DEPARTMENT
FUNERAL SERVICES DIVISION | EMBALMERS & FUNERAL DIRECTORS

TRANSPORT SERVICE FIRM LICENSE APPLICATION

FEES DUE:

- Application Fee: \$ 50.00 ◀ Due at time of application
- Original License Fee: \$ 35.00
- Annual Fee: \$ 50.00
- Inspection Fee: \$250.00 ◀ Due at time of application
- **TOTAL FEE DUE: \$385.00**

[For Office Use Only]

Board ID No.: _____

Date Issued: _____

IMPORTANT: \$300.00 is due at the time application is submitted. The remaining \$85.00 is due once the application has been approved.

I hereby make application to the **Arkansas Insurance Department | State Board of Embalmers, Funeral Directors, Cemeteries, and Burial Services** for a license to operate a human remains transport service. I submit the following information.

Name: _____

Mailing Address: _____
P.O. Box/Street City State ZIP Code

Physical Address: _____
Street City State ZIP Code

Phone: (____) _____ **Fax:** (____) _____

Owner(s): _____ **Age(s):** _____

E-Mail Address: _____

Website Address: _____

QUESTIONNAIRE:

The requirements for transport service firm licensure are detailed under **Rule IV, Section 5. Transports, Section A., Subsection a., (a), (b), and (c).**

- Do all drivers comply with the requirements of the above-referenced Rule? ☐ YES ☐ NO
- Do all vehicles comply with the requirements of the above-referenced Rule? ☐ YES ☐ NO
- Does the insurance coverage* comply with the following requirements? ☐ YES ☐ NO
 - Minimum-required LIABILITY COVERAGE of \$500,000.00.
 - Policy specifically indicates that the coverage is for the transport of the human dead.
- Have you attached Proof of Insurance* to this application form? ☐ YES ☐ NO

*Proof of required insurance must be provided to the Board *prior* to the issuance of an original or a renewed license.

****IMPORTANT****

Per the requirements of Rule IV, Section 5., Funeral Establishment Type D – Transport Service Firm, **please attach three (3) letters of reference to this application.**

General Manager's Signature

Date

Return Completed Application To:

Arkansas Department of Commerce
Arkansas Insurance Department | Funeral Services Division
1 Commerce Way, Suite 502 | Little Rock, AR 72202-2087
Phone (501) 682-0574 | Fax (501) 682-0575
E-Mail: AID.EFD@arkansas.gov