

FORM CR-4, #11-02

For Official Use Only

**COMMONWEALTH OF KENTUCKY
OFFICE OF THE ATTORNEY GENERAL**

**1024 Capital Center Drive
Frankfort, KY. 40601-8204**

DATE RECEIVED _____
DATE REVIEWED _____
REVIEWED BY _____
REG. # ASSIGNED _____

**STATEMENT OF SUPERVISION
FOR REGISTERED CREMATORY RETORT OPERATORS**

_____, employed
by _____, as a crematory retort
operator has completed forty-eight (48) hours on the job training supervised by _____
_____, Registered Crematory Operator.

DATE: _____

CREMATORY RETORT OPERATOR (*trainee*)

CREMATORY OPERATOR (*trainer*)