

STD. 400 (REV. 01-2013)

<b>OAL FILE NUMBERS</b>	NOTICE FILE NUMBER <b>Z-2015-0616-10</b>	REGULATORY ACTION NUMBER <b>2015-1013-085</b>	EMERGENCY NUMBER
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For use by Office of Administrative Law (OAL) only

RECEIVED FOR FILING PUBLICATION DATE  JUN 16 '15      JUN 26 '15  Office of Administrative Law NOTICE	2015 OCT 13 P 5:10  OFFICE OF ADMINISTRATIVE LAW REGULATIONS
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**ENDORSED - FILED**  
 in the office of the Secretary of State  
 of the State of California

**NOV 24 2015**  
 2:00 PM

<b>AGENCY WITH RULEMAKING AUTHORITY</b> Department of Consumer Affairs - Cemetery and Funeral Bureau	AGENCY FILE NUMBER (if any)
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**A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)**

1. SUBJECT OF NOTICE Cemetery Cite and Fine Regulations	TITLE(S) 16	FIRST SECTION AFFECTED 2382	2. REQUESTED PUBLICATION DATE June 26, 2015
3. NOTICE TYPE <input checked="" type="checkbox"/> Notice re Proposed Regulatory Action <input type="checkbox"/> Other	4. AGENCY CONTACT PERSON Cheryl Jenkins	TELEPHONE NUMBER (916) 574-8203	FAX NUMBER (Optional) (916) 928-7988
<b>OAL USE ONLY</b> <input type="checkbox"/> Approved as Submitted <input type="checkbox"/> Approved as Modified <input type="checkbox"/> Disapproved/Withdrawn	NOTICE REGISTER NUMBER 2015, 262	PUBLICATION DATE 6/26/15	

**B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)**

1a. SUBJECT OF REGULATION(S) Cemetery Cite and Fine Regulations	1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S)
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2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)						
<table border="1"> <tr> <td><b>SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)</b></td> <td>ADOPT 2386.5</td> </tr> <tr> <td></td> <td>AMEND 2382, 2383, 2384, 2385, 2386, 2387, 2388</td> </tr> <tr> <td>TITLE(S) 16</td> <td>REPEAL</td> </tr> </table>	<b>SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)</b>	ADOPT 2386.5		AMEND 2382, 2383, 2384, 2385, 2386, 2387, 2388	TITLE(S) 16	REPEAL
<b>SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)</b>	ADOPT 2386.5					
	AMEND 2382, 2383, 2384, 2385, 2386, 2387, 2388					
TITLE(S) 16	REPEAL					

3. TYPE OF FILING			
<input checked="" type="checkbox"/> Regular Rulemaking (Gov. Code §11346) <input type="checkbox"/> Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4) <input type="checkbox"/> Emergency (Gov. Code, §11346.1(b))	<input type="checkbox"/> Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute. <input type="checkbox"/> Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)	<input type="checkbox"/> Emergency Readopt (Gov. Code, §11346.1(h)) <input type="checkbox"/> File & Print <input type="checkbox"/> Other (Specify) _____	<input type="checkbox"/> Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100) <input type="checkbox"/> Print Only

4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1)  
 n/a

5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)  
 Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a))     Effective on filing with Secretary of State     \$100 Changes Without Regulatory Effect     Effective other (Specify) \_\_\_\_\_

6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY  
 Department of Finance (Form STD. 399) (SAM §6660)     Fair Political Practices Commission     State Fire Marshal  
 Other (Specify) \_\_\_\_\_

7. CONTACT PERSON Cheryl Jenkins	TELEPHONE NUMBER (916) 574-8203	FAX NUMBER (Optional) (916) 928-7988	E-MAIL ADDRESS (Optional) cheryl.jenkins@dca.ca.gov
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8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE 	DATE 10/13/15
TYPED NAME AND TITLE OF SIGNATORY Awet Kidane, Director, Department of Consumer Affairs	

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**ENDORSED APPROVED**

NOV 24 2015

Office of Administrative Law