



**CEMETERY AND FUNERAL BUREAU**  
1625 NORTH MARKET BLVD., SUITE S-208  
SACRAMENTO, CA 95834  
(916) 574-7870 FAX (916) 928-7988



**APPLICATION FOR EXTENSION OF APPRENTICESHIP**

<b>SECTION A: APPRENTICESHIP INFORMATION</b>			
Last Name	First	Middle Initial	Registration Number AE
Name of Establishment			License Number FD
Name of Managing Funeral Director			License Number FDR
Name of Supervising Embalmer			License Number EMB
Telephone Number ( )		Fax Number or Email Address (if applicable) ( )	
<b>SECTION B: REASON FOR REQUESTING AN EXTENSION</b> (Not to exceed six (6) months)			
<p>___ 1. I am awaiting the processing of my apprenticeship papers after termination of my apprenticeship and prior to receiving my embalmer license.</p> <p>___ 2. I have completed my apprenticeship and have taken the embalmer examination on _____ Date I am awaiting the Bureau's action on my examination grades.</p> <p>___ 3. I completed my apprenticeship on _____ and intend to enroll in the following Embalming College: Date _____ Name of College _____</p>			
<b>SECTION C: SUPERVISING FUNERAL DIRECTOR CERTIFICATION</b>			
I hereby certify, under penalty of perjury under the laws of the State of California, that the apprentice embalmer whose name appears on this extension application is a full-time employee of the above named establishment as an apprentice embalmer. This apprentice is under the supervision of the embalmer named above who is employed full-time by this establishment.			
Signature of Funeral Director _____			Date _____
<b>SECTION D: SUPERVISING EMBALMER CERTIFICATION</b>			
I hereby certify under penalty of perjury under the laws of the State of California that the apprentice embalmer named above is under my supervision. I am a qualified supervising embalmer employed full-time by the establishment employing this apprentice embalmer.			
Signature of Supervising Embalmer _____			Date _____
<b>SECTION E: APPRENTICE CERTIFICATION</b>			
I certify under penalty of perjury under the laws of the State of California that all statements furnished in connection with this application are true and accurate.			
Signature of Apprentice Embalmer _____			Date _____
<b>FOR BUREAU USE ONLY</b>			
This application is approved for an extension of your apprenticeship. Your extension has been granted as follows to commence on _____ and such extension will terminate on _____.			
Signature Cemetery and Funeral Bureau _____		Title _____	Date _____
<b>DISPLAY THIS DOCUMENT CONSPICUOUSLY IN YOUR PLACE OF EMPLOYMENT</b>			