

**CEMETERY AND FUNERAL BUREAU**

1625 N. Market Blvd., S208

Sacramento, CA 95834

(916) 574-7870 FAX (916) 928-7988

**REQUEST FOR CHANGE OF CEMETERY SALESPERSON LICENSE**
 TRANSFER **REINSTATEMENT**
\$25.00 FEE

SECTION A: NAME OF APPLICANT			
Last Name	First	Middle Initial	License Number CES
Residence Address		City	State CA Zip Code
Residence Telephone Number ()		Social Security Number	Date of Birth
SECTION B: LICENSE CURRENTLY READS			
Name of Employing Broker (Enter the Broker's name not the business name)			Broker's License Number
Address		City	State CA Zip Code
SECTION C: CHANGE LICENSE TO			
Name of New Employing Broker (Enter the broker's name not the business name)			Broker License Number
Address		City	State CA Zip Code
Mailing Address for Broker (If different from above)		City	State CA Zip Code
Telephone Number of Broker ()		Fax Number for Broker ()	
Name of Broker's Contact Person (For questions regarding this application)		Telephone Number of Contact Person ()	
SECTION D: APPLICANT CERTIFICATION			
I certify under penalty of perjury under the laws of the State of California that the answers given in this application are true and correct, and that if licensed I will not violate any provisions of the Cemetery Act, nor misuse the privileges of the registrant.			
Signature of Applicant _____		Date _____	
SECTION E: BROKER CERTIFICATION			
I hereby certify under penalty of perjury under the laws of the State of California that I am a licensed Cemetery Broker. I request the Cemetery and Funeral Bureau issue to the person named in this application a license as Cemetery Salesperson in my employ. I certify that if a license is issued, I will exercise a careful supervision over the salesperson's cemetery activities while so employed.			
Signature of Employing Broker _____		Date _____	
FOR BUREAU USE ONLY			
Date Received	Amount Cashier	ATS Number	Receipt Number

Section 30 of the Business and Professions Code and Public Law 94-455 (42 U.S.C.A. 405 (c)(2)(c)) authorizes the collection of your Social Security Number (SSN). The disclosure of your SSN is mandatory. The information will be used exclusively for tax enforcement purposes and for purposes of compliance with Section 11350.6 of the Welfare and Institutions Code. If you fail to disclose your SSN, you will be reported to the Franchise Tax Board, which may assess a \$100.00 penalty against you. Questions regarding this requirement must be directed to the Franchise Tax Board: So. California (800) 852-7050, No. California (800) 852-5711, or Sacramento at (916) 369-0500.