

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

## SUBJECT MATTER EXPERT APPLICATION

Submit this application with your current resume to the Cemetery and Funeral Bureau at the above address.

Completion and submittal of this form does not commit you to examination development workshops, nor does it guarantee that you will be selected. Ten to twelve licensees will be selected from the entire pool of interested individuals for each workshop.

**PLEASE PRINT OR TYPE**

First Name	Middle Initial	Last Name	
Street Address		City	State      Zip Code
Home Telephone Number (    )	Business or Alternate Telephone Number (    )	FAX Number (    )	
License Type (check all that apply)	License Number	Expiration Date	
<input type="checkbox"/> Funeral Director	_____	_____	
<input type="checkbox"/> Embalmer	_____	_____	
<input type="checkbox"/> Cemetery Manager	_____	_____	
<input type="checkbox"/> Cemetery Broker	_____	_____	
<input type="checkbox"/> Crematory Manager	_____	_____	
For each license type checked above, how many years of experience do you have?			
Please indicate your main duties (for example: embalming, preneed sales, cemetery sales, crematory operator, etc.).			
What days are you available to participate in a workshop?			
<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday			

*I declare under penalty of perjury that all information provided on this application is true and correct. I understand that if I am selected to participate in examination development workshops, I am required to comply with the terms of the security/confidentiality agreement.*

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**