

CEMETERY AND FUNERAL BUREAU

1625 North Market Blvd., Suite S-208, Sacramento, CA 95834 P (916) 574-7870 | F (916) 928-7988 | www.cfb.ca.gov



Application for Appointment to the Cemetery and Funeral Bureau Advisory Committee

The Cemetery and Funeral Bureau (CFB) advocates consumer protection and licensee compliance through proactive education and consistent interpretation and application of the laws governing the death care industry.

CFB has voluntarily established a seven-member Advisory Committee that meets approximately two times per year. These meetings encourage both consumers and licensees to provide input on funeral- and cemetery-related issues and assists CFB in addressing its regulatory obligations in an open and transparent environment.

Application instructions

Please complete this application in full and submit it, along with a current résumé, to the above address or by email to Gina.Sanchez@dca.ca.gov.

Your submitted résumé MUST include: a full work history, educational history (including college/graduate school, graduation date, degree awarded, and major), and all professional certificates/licenses you currently hold or have previously held. Submitted applications without a complete résumé will not be considered.

The submission of this form does not commit you to being a committee member or guarantee that you will be selected to the Advisory Committee.

Applicant information	
First name:	Middle name:
Last name:	
Mailing address:	
Mobile phone:	Home phone:
Email:	

Position sought:		
Duklia Masakan	la d	water Manakan
Public Member	ina	ustry Member
Professional licensure informatio	n	
List all licenses you have ever held or currently hold with the CFB:		
Туре	License Number	Expiration
Funeral Director		
Embalmer		
Cremated Remains Disposer		
Cemetery Manager		
Cemetery Broker/Salesperson		
Crematory Manager		
Related experience		
Troidiod experience		
Indicate the number of years in which you have had significant experience in current and past occupations. (Mark all that apply)		
Cemetery Manager	Insurance Sales	Hospice
Cemetery Operations	Embalming	Funeral Arranging/Counseling
Cemetery Sales	Coroner Employee	Crematory Manager
Preneed Sales	Consumer Advocacy	Crematory Operator
Protection/Law Enforcement		Funeral Establishment Manager
Other (please explain):		





Current business or professional a	address and information
Professional title:	
Business firm/office name:	
Business address:	
Business phone:	
Business email:	
Dates of employment: From:	To:
Summary of job duties:	





Organizations and society memb	ersnips (use additional pages if nec	essary
None □ Name:		
Title:		
Active member? Yes □ No □		
If no, please provide dates of involvement: From:	То:	
Details:		
Name:		
Title:		
Active member? Yes □ No □		
If no, please provide dates of involvement: From:	То:	
Details:		





Not Applicable □	
Branch:	
Rank:	
State of service:	
Service dates:	
From: To:	
Additional information	
Have you ever served on a board, commission, committee, or council for the Department of Consumer Affairs OR other California state agency?	
Yes □ No □	
If yes, please provide the name of the agency/agencies and the time period you served in this capacity:	
Have you ever been a registered lobbyist, or have you lobbied at any level of government?	
Yes □ No □	
If yes, please explain and include the time period you served in this capacity:	
Have you ever been formally disciplined, cited for a breach of ethics or unprofessional conduct, or been to subject of a complaint to any court, administrative agency, professional association, disciplination committee, or other professional group?	
Yes No D	
If yes, please explain:	





Have you ever been involved in civil litigation or administrative or legislative proceedings of any kind, either as plaintiff, defendant, respondent, witness, or party of interest?		
Yes □ No □		
If yes, please explain:		
Have you ever been convicted of a violation of any federal, state, county, or municipal law, regulation, or ordinance (do not include traffic violations for which a fine of \$500 or less was imposed)? Yes No If yes, please explain:		
Are you currently under federal, state, or local investigation for possible violation of a criminal law or ordinance?		
Yes □ No □ If yes, please explain:		
Have you ever run for political office, served on a political committee, or been identified publicly with a particular political organization, candidate, or issue?		
Yes □ No □ If yes, please explain:		
Do you know anyone who might take any steps to oppose your appointment? Yes No If yes, please explain:		





appointment, would cause an embarrassment to you, the Cemetery and Funeral Bureau, Department of Consumer Affairs, or the administration?
Yes □ No □ If yes, please explain:
Do you own real property, personal property, financial holding, or receive income from any source related to the position that you are applying for that may present a potential conflict of interest or appearance of conflict of interest? Yes No No If yes, please explain:
Please provide a brief statement on why you would like to serve on the Advisory Committee. Attach additional pages, if necessary. Yes No No If yes, please explain:









CEMETERY AND FUNERAL BUREAU

1625 North Market Blvd., Suite S-208, Sacramento, CA 95834 P (916) 574-7870 | F (916) 928-7988 | www.cfb.ca.gov



I certify, under penalty of perjury, under the law of the state of California, that the information presented above is complete, true, and correct to the best of my knowledge and belief. I understand that, if I am selected, I would serve at the pleasure of the Chief of the Department of Consumer Affairs Cemetery and Funeral Bureau. Further, if selected, I understand that I will be required to complete a Volunteer Service Agreement and an Oath of Allegiance.

Signature:	Date:
(5.4)	
Name (Print):	



