

## CEMETERY AND FUNERAL BUREAU

### Proposed Language

(1) Amend Section 2326 of Division 23 of Title 16 of the California Code of Regulations to read as follows:

#### **§ 2326. Applications for Cemetery and Crematory Certificates of Authority.**

(a) Certificate of Authority. Applications for a certificate of authority to operate a cemetery shall be filed on the form furnished by the bureau 23-COA (2/14) at the principal office of the bureau. In addition to the payment of the fees required by Section 2311 of these rules, each application shall be accompanied by the following:

(1) A certified copy of:

(A) Articles of incorporation, if a corporation, or Articles of Organization, if a limited liability company.

(B) Application for permit to sell and issue securities.

(C) Permit to sell and issue securities.

(D) Application to the city or county planning commission for a cemetery use permit or rezoning for cemetery purposes, or both.

(E) Land use or zoning permit.

(F) Declaration of dedication to cemetery purposes certified by the county recorder.

(G) Deed to the property, contract of purchase or any other instrument which provides the applicant with merchantable title thereto.

(H) Endowment care trust agreement executed by the board of directors or limited liability company members of the cemetery authority.

(2) A statement signed by a majority and verified by one of the directors or limited liability company members of the applicant, which statement shall set forth:

(A) Names and addresses of all the incorporators or organizers, directors, corporate officers or limited liability company members, and trustees of the endowment care fund, including the person who will be in charge of sales, together with a statement of their experience and fitness to engage in cemetery business.

(B) Statement of compensation received or to be received by the corporate officers or limited liability company members, directors and all sales agents and/or managers.

(C) A complete and detailed financial statement showing assets, liabilities and reserve.

1. If the applicant is a new corporation, the statement shall designate the amount of stock subscribed, the consideration paid for all stock issued and the amount of promotional stock involved.

2. If the applicant has engaged in business for a period of time, the statements shall include complete operating profit and loss statements for the preceding three (3) years or such period of time as the applicant has been in business if less than three (3) years.

(D) Itemized statement of estimated receipts (from all sources, capitalization, sales, loans, etc.) and expenditures of the applicant for at least five (5) years or such other period as the ~~board~~ bureau may require by written notice to the applicant.

(E) A statement setting forth the size, location and topography of, and water available for, the property to be used for cemetery purposes.

(F) A statement of the applicant's proposed plan of operation which shall include type of selling, approximate size ~~of~~ of sales department, number of acres initially developed, etc.

(G) Statement of the amount deposited to the endowment care fund, type of investment made or to be made and the proposed rate of contribution for the future.

(3) An independent confirmation from the depository or other such proof of deposit of the initial contribution to the endowment care fund as required by Section 8738.1 of the Health and Safety Code of the State of California.

(4) A good and substantial map of the proposed cemetery site (scale not less than one inch (1") to five hundred feet (500')) and surrounding area showing highways, access roads, etc., and area to be initially developed delineated thereon.

(5) Such other matters as the bureau may require by written notice to the applicant.

(b) In addition to complying with the provisions listed above (all apply, except (2)(C)(1)), a limited liability company applying for a certificate of authority must also include the following:

(1) A completed form 23-LE (2/14) for each employee issued a license by the bureau.

(2) Certificate of insurance or proof of adequate security for claims accompanied by form 23-INS (2/14) or net worth confirmation accompanied by form 23-NW (2/14).

(3) Names and addresses of all limited liability company members accompanied by a certification affidavit, form 16-CA (2/14), for each member.

(4) Articles of Organization and Operating Agreement; if a corporation is a member of the limited liability company, the Articles of Incorporation must be submitted.

(5) Statement of Information.

(6) Names and addresses of trustees of the endowment care fund and the person who will be in charge of sales, together with a statement of their experience and fitness to engage in cemetery business.

~~(b)~~(c) Crematory License Application. Application for a crematory license shall be filed on the form furnished by the bureau at the principal office of the ~~board~~ bureau. In addition to the payment of the fees required by Section 2311 of these rules, each application shall be accompanied by the following:

(1) A certified copy of:

(A) Articles of incorporation, if applicant is a corporation.

(B) Partnership agreement, if applicant is a partnership.

(C) Land use or zoning permit.

(D) Permit to operate a crematory issued by the local air pollution control district.

(E) Deed, lease or other instrument which provides the applicant with the right to possess and use the property where the business will be located.

(2) A statement signed by the applicant if the applicant is an individual; signed by the majority and verified by one (1) of the directors, if the applicant is a corporation; or signed and verified by a majority of the partners, if applicant is a partnership, which statement shall set forth:

(A) A complete and detailed financial statement showing assets, liabilities, and reserves.

(B) A statement of proposed plan of operation which shall include the type of selling.

(C) A full, true, and complete copy of the standard agreement which will be used for funding of prearranged cremations.

(3) Plans and specifications of the crematory and building, which must be sufficient to allow the bureau to determine, among other things:

(A) Fire resistant character.

(B) Adequacy of storage for cremated and uncremated remains.

(4) Such other matters as the bureau may require by written notice to the applicant.

Note: Authority cited: Sections 9630 and 9783, Business and Professions Code.  
Reference: Sections 9653.5, 9653.6, 9715, 9716, 9717, 9765, 9781, 9782, and 9783 and 9786, Business and Professions Code; and Section 8738.1, Health and Safety Code.

(2) Amend Section 2326.1 of Division 23 of Title 16 of the California Code of Regulations to read as follows:

**§ 2326.1. Managers.**

(a) Each cemetery for which a new certificate of authority is required shall be operated under the supervision of a cemetery manager ~~managing officer~~ qualified as such by the bureau. If the applicant for a new certificate of authority is a limited liability company, the cemetery manager shall not have an ownership interest as a member of the limited liability company.

(1) The applicant for a new certificate of authority, in addition to the requirements of Section 2326, will designate the cemetery manager ~~managing officer~~. There shall be submitted with the application the written statement of such manager ~~officer~~ demonstrating that he or she has two (2) years' experience in the cemetery business, or equivalent experience, which experience shall be commensurate with the size, type, and scope of the proposed activities of the cemetery authority. ~~Additional managing officers who have been qualified and examined by the bureau may be designated by the applicant and can succeed the managing officer in the event of death, resignation, disability, or other inability to perform the required duties.~~

(b) Each crematory for which a crematory license is required shall be operated under the supervision of a crematory manager designated by the applicant and qualified as such by the bureau. ~~Additional managers who have been qualified and examined by the bureau may be designated by the applicant and can succeed the manager in the event of death, resignation, disability, or other inability to perform the required duties.~~

Note: Authority cited: Sections 9630, ~~and 9717, and 9787~~, Business and Professions Code. Reference: Sections 9653.5, 9653.6, 9715, 9717, 9723, and 9787, Business and Professions Code.

(3) Add Section 2326.2 of Division 23 of Title 16 of the California Code of Regulations to read as follows:

**§ 2326.2 Limited Liability Company Certification of Insurance Coverage or Net Worth.**

A limited liability company licensed as a certificate of authority shall submit annually, within four months of the completion of the fiscal year, one of the following to the bureau:

(a) Certification of Insurance Coverage, form 23-INS (2/14), certifying the limited liability company has a policy or policies of insurance for claims against it based upon acts, errors, or omissions of its licensed employees accompanied by a certificate of insurance or proof of adequate security.

(b) Certification of Net Worth, form 23-NW (2/14), certifying that as of the last day of its most recently completed fiscal year, the limited liability company has a net worth equal to or exceeding ten million dollars (\$10,000,000).

Note: Authority cited: Section 9630, Business and Professions Code. Reference: Section 9653.5, Business and Professions Code; and Section 16956, Corporations Code.

(4) Add Section 2326.3 of Division 23 of Title 16 of the California Code of Regulations to read as follows:

**§ 2326.3 Record Keeping and Reporting of Changes.**

(a) Pursuant to Section 17701.13 of the Corporation Code, limited liability companies shall designate and continuously maintain in this state an office and an agent for service of process. Each limited liability company shall maintain a current list of the full name and last known business or residence address of each member.

(b) Changes to the designated office, principal office, agent for service of process, or mailing address the limited liability company makes by filing a statement of information with the Secretary of State shall be submitted to the bureau.

(c) Change of corporate officers, limited liability company members, or trustees of the endowment care fund, including change of name and/or address of any individual previously reported to the bureau, shall be reported within thirty (30) days of the change on form 23-NC (2/14) along with a filing fee of twenty-five dollars (\$25).

(d) Addition of corporate officers, limited liability company members, or trustees of the endowment care fund shall be submitted on form 23-NC (2/14) accompanied by a certification affidavit, form 16-CA (2/14), for each person along with a filing fee of twenty-five dollars (\$25).

(e) A limited liability company shall notify the bureau within thirty (30) days of employing a bureau licensed employee or upon the resignation or termination of a bureau licensed employee on form 23-LE (2/14).

Note: Authority cited: Section 9630, Business and Professions Code. Reference: Sections 136, 9653.5, 9653.6, and 9761, Business and Professions Code Section 17701.13, Corporation Code.

(5) Amend Section 2326.5 of Division 23 of Title 16 of the California Code of Regulations to read as follows:

**§ 2326.5. Approval to Share a Cemetery Manager.**

Licensed cemeteries, upon approval by the Bbureau, may designate a licensed cemetery manager to manage more than one licensed cemetery under the following conditions:

(a) The license cemeteries are under common ownership;

(b) The common owner has designated one cemetery as the main office. The main office is defined as a designated location registered with the Bbureau where the principals of the licensed cemetery can be contacted;

(c) The licensed cemeteries are located within an hour driving distance, not to exceed 60 miles, radius of the main office;

(d) Each licensed cemetery requesting permission from the Bbureau to share one designated cemetery manager, shall make a written request on application Form 21A2 (10/03) to the Bbureau and pay the fee for requesting to share a designated cemetery manager. If the applicant is a limited liability company, the cemetery manager shall not have an ownership interest as a member of the limited liability company. An inspection may be scheduled and completed to ensure that the conditions set forth in this section have been satisfied.

(e) The procedure for considering and granting approval to share a cemetery manager under this section shall be as follows:

(1) The Bbureau shall inform an applicant requesting approval to share a cemetery manager, in writing, within 14 days of receipt whether the application is complete and acceptable for filing or is deficient and what specific information is required to complete the application.

(2) The Bureau shall make a decision within 30 days after the application is deemed to be completed whether the applicant meets the requirements for approval to share a cemetery manager. "Completion of an application" means that the applicant has filed a completed application form together with all required information, documentation, and fee.

~~(3) The minimum, median and maximum processing times for an application for approval to share a cemetery manager from the date of acceptance and filing of the initial application until the Bureau makes a final decision on the application are:~~

~~(A) Minimum—7 days.~~

~~(B) Median—14 days.~~

~~(C) Maximum—30 days.~~

Note: Authority cited: Section 9630, Business and Professions Code; and Section 45376, Government Code. Reference: Sections 9653.5, 9653.6, 9723, and 9723.2, Business and Professions Code; and Section 15376, Government Code.



BUSINESS, CONSUMER SERVICES AND HOUSING AGENCY • GOVERNOR EDMUND G. BROWN JR.  
**CEMETERY AND FUNERAL BUREAU**  
 1625 N. Market Blvd., Suite S-208, Sacramento, CA 95834  
 P 916.574.7870 F 916.928.7988 www.cfb.ca.gov



**APPLICATION FOR CERTIFICATE OF AUTHORITY**  
**Application Fee \$400.00**

COA NUMBER ISSUED
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<b>SECTION A: CEMETERY INFORMATION</b>					
NAME OF CEMETERY			LICENSE NUMBER (if applicable) COA		
NEW NAME OF CEMETERY (if different than above)			FEIN NUMBER		
ADDRESS		CITY		STATE	ZIP CODE
MAILING ADDRESS (if applicable)		CITY		STATE	ZIP CODE
PHONE NUMBER ( )		FAX NUMBER ( )			
DATE OF SALE (if applicable)			EMAIL ADDRESS (not required)		
<b>SECTION B: NAME OF APPLICANT</b> (If a corporation, submit a corporate resolution delegating authority to submit the application)					
LAST NAME		FIRST NAME		PHONE NUMBER (if different than above) ( )	
<b>SECTION C: NAME OF DESIGNATED CEMETERY MANAGER</b>					
LAST NAME		FIRST NAME		LICENSE NUMBER CEM	EXPIRATION DATE
<b>APPROVAL TO SHARE CEMETERY MANAGER</b> (If applicable, must be under common ownership and within 60 miles of main office)					
Designated cemetery manager is also managing the following licensed funeral establishments		COA	COA	COA	COA
NAME AND ADDRESS OF CEMETERY DESIGNATED AS THE MAIN OFFICE (if applicable)					LICENSE NUMBER COA
NAME _____					
ADDRESS _____		CITY _____		STATE _____	ZIP _____
<b>SECTION D: CORPORATION / LIMITED LIABILITY COMPANY</b>					
NAME OF CORPORATION OR LIMITED LIABILITY COMPANY (as listed on the Articles of Incorporation or Articles of Organization)					
ADDRESS OF PRINCIPAL OFFICE			CITY		STATE ZIP CODE
INCORPORATED IN STATE OF			STATE OR PLACE OF ORGANIZATION (for Limited Liability Company)		
DATE INCORPORATED			SECRETARY OF STATE FILE NUMBER (for Limited Liability Company)		
<b>FOR BUREAU USE ONLY</b>					
DATE CASHIERED	AMOUNT CASHIERED	ATS ID NUMBER	RECEIPT NUMBER	DATE COMPLETED	



**SECTION E: CORPORATE OFFICERS / LIMITED LIABILITY COMPANY MEMBERS**

(List all corporate officers and limited liability company members. Attach additional pages if needed.)

TITLE	LAST NAME	FIRST NAME	MIDDLE INITIAL

**ALL CORPORATE OFFICERS AND LIMITED LIABILITY COMPANY MEMBERS ARE REQUIRED TO SUBMIT A CERTIFICATION AFFIDAVIT****SECTION F: TRUSTEES** (List all trustees, only one trustee can be an officer or employee of the corporation. Attached additional pages if needed.)

TITLE	LAST NAME	FIRST NAME	MIDDLE INITIAL

**ALL TRUSTEES ARE REQUIRED TO SUBMIT A CERTIFICATION AFFIDAVIT****SECTION G: CERTIFICATION OF APPLICANT**

I CERTIFY UNDER PENALTY OF PERJURY under the laws of the State of California that all information provided on this form is true and correct.

\_\_\_\_\_  
Signature\_\_\_\_\_  
Date\_\_\_\_\_  
Print Name\_\_\_\_\_  
Title

**Note:** The information solicited on this form is required pursuant to Business and Professions Code sections 9702.1 and 9715. All items on this form are mandatory; none are voluntary, unless indicated. Failure to provide any of the requested information will result in the application being considered incomplete (incomplete applications are subject to abandonment one year from the date the applicant is notified of deficiencies). All information provided will be used to determine qualification for licensure, per the Business and Professions Code that authorizes the collection of this information. Per California Civil Code section 1798.17 (Information Practice Act), the Bureau Chief of the Cemetery and Funeral Bureau is responsible for maintaining information on this form. This information may be transferred to other governmental and enforcement agencies. Individuals have the right to review the records maintained on them by the agencies, unless the records are exempt by section 1798.40 of the Civil Code. Requests for information may be addressed to the custodian of records: Bureau Chief, Cemetery and Funeral Bureau, 1625 North Market Blvd., Suite S-208, Sacramento, CA 95834, (916) 574-7870.

Effective July 1, 2012, the State Board of Equalization and the Franchise Tax Board may share taxpayer information with the Bureau. You are obligated to pay your state tax obligation and your license may be suspended if the state tax obligation is not paid per Business and Professions Code section 31(e).

**ENFORCEMENT CERTIFICATION**  
(FOR BUREAU USE ONLY)



**CEMETERY NOTIFICATION OF CHANGE**  
**Filing Fee \$25.00**

LICENSE NUMBER COA
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<input type="checkbox"/> Change or addition of Corporate Officers (Complete sections A, B, and E, and attach certification affidavit(s))	<input type="checkbox"/> Change or addition of Limited Liability Company Members (Complete sections A, C, and E, and attach certification affidavit(s))	<input type="checkbox"/> Change or addition of Trustees (Complete sections A, D, and E, and attach certification affidavit(s))
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**SECTION A: CEMETERY INFORMATION**

NAME OF CEMETERY				
ADDRESS OF CEMETERY		CITY	STATE	ZIP CODE
MAILING ADDRESS (if different from above)		CITY	STATE	ZIP CODE
CONTACT PERSON FOR THIS APPLICATION	PHONE NUMBER ( )	EMAIL ADDRESS (not required)		

**SECTION B: CHANGE IN CORPORATE OFFICER(S)** (Attach additional pages if needed.)

**CORPORATE OFFICER(S) TO BE DISASSOCIATED FROM THIS CEMETERY**

TITLE	LAST NAME	FIRST NAME	DATE OF DISASSOCIATION

**CORPORATE OFFICER(S) TO BE ASSOCIATED WITH THIS CEMETERY**

TITLE	LAST NAME	FIRST NAME	DATE OF ASSOCIATION

ALL CORPORATE OFFICERS ARE REQUIRED TO SUBMIT A CERTIFICATION AFFIDAVIT

**SECTION C: CHANGE IN LIMITED LIABILITY COMPANY MEMBER(S)** (Attach additional pages if needed.)

**LIMITED LIABILITY COMPANY MEMBER(S) TO BE DISASSOCIATED FROM THIS CEMETERY**

TITLE	LAST NAME	FIRST NAME	DATE OF DISASSOCIATION

**FOR BUREAU USE ONLY**

DATE CASHIERED	AMOUNT CASHIERED	ATS ID NUMBER	RECEIPT NUMBER	DATE COMPLETED
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**SECTION C: CONTINUED** (Attach additional pages if needed.)

**LIMITED LIABILITY COMPANY MEMBER(S) TO BE ASSOCIATED WITH THIS CEMETERY**

TITLE	LAST NAME	FIRST NAME	DATE OF ASSOCIATION

ALL LIMITED LIABILITY COMPANY MEMBERS ARE REQUIRED TO SUBMIT A CERTIFICATION AFFIDAVIT

**SECTION D: CHANGE OF TRUSTEE(S)** (Attach additional pages if needed.)

**TRUSTEE(S) TO BE DISASSOCIATED FROM THIS CEMETERY**

TITLE	LAST NAME	FIRST NAME	DATE OF DISASSOCIATION

**TRUSTEE(S) TO BE ASSOCIATED WITH THIS CEMETERY**

TITLE	LAST NAME	FIRST NAME	DATE OF ASSOCIATION

ALL TRUSTEES ARE REQUIRED TO SUBMIT A CERTIFICATION AFFIDAVIT

**SECTION E: CERTIFICATION OF APPLICANT**

I CERTIFY UNDER PENALTY OF PERJURY under the laws of the State of California that all information provided on this form is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

**Note:** All items on this form are mandatory; none are voluntary, unless indicated. Failure to provide any of the requested information will result in the application being considered incomplete (incomplete applications are subject to abandonment one year from the date the applicant is notified of deficiencies). All information provided will be used to determine qualification for licensure, per the Business and Professions Code that authorizes the collection of this information. Per California Civil Code section 1798.17 (Information Practice Act), the Bureau Chief of the Cemetery and Funeral Bureau is responsible for maintaining information on this form. This information may be transferred to other governmental and enforcement agencies. Individuals have the right to review the records maintained on them by the agencies, unless the records are exempt by section 1798.40 of the Civil Code. Requests for information may be addressed to the custodian of records: Bureau Chief, Cemetery and Funeral Bureau, 1625 North Market Blvd., Suite S-208, Sacramento, CA 95834, (916) 574-7870.

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**ENFORCEMENT CERTIFICATION**  
(FOR BUREAU USE ONLY)



### CERTIFICATION AFFIDAVIT

<b>I am completing this affidavit as a:</b>			
<input type="checkbox"/> Sole Owner <input type="checkbox"/> Partner <input type="checkbox"/> Corporate Officer <input type="checkbox"/> Limited Liability Company Member <input type="checkbox"/> Trustee			
NAME OF FUNERAL ESTABLISHMENT, CEMETERY, CREMATORY, CORPORATION, OR LIMITED LIABILITY COMPANY			
PHONE NUMBER (    )		LICENSE NUMBER OF FD, COA, OR CR (if applicable)	
LAST NAME		FIRST NAME	MIDDLE INITIAL
ADDRESS		CITY	STATE    ZIP CODE
DATE OF BIRTH	SOCIAL SECURITY NUMBER		TITLE (if applicable)
Have you previously submitted fingerprint cards or a copy of a Request for Live Scan Service form to the Cemetery and Funeral Bureau? If yes, for what license, and the approximate date. _____ If no, submit a copy of your completed Request for Live Scan Service form, along with this application, verifying that fingerprints have been scanned and all applicable fees have been paid.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of, or plead guilty or nolo contendere to ANY offense in the United States or a foreign country? This includes every citation, infraction, misdemeanor and/or felony, including traffic violations. If yes, please attach an explanation that includes the type of violation, the date, circumstances and location, and the complete penalty received. NOTE: Convictions that were adjudicated in the juvenile court or convictions two years or older under Health and Safety Code section 11357(b), (c), (d), (e) or section 11360(b) should NOT be reported. Convictions that were later expunged from the records of the court or set aside pursuant to section 1203.4 of the Penal Code or equivalent non-California law MUST be disclosed.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever had any professional or vocational license or registration denied, suspended, revoked, placed on probation or other disciplinary action taken by this or any other governmental authority in the United States or a foreign country? If yes, please attach an explanation that includes license type, action, company name (if applicable), year of action, and state.			<input type="checkbox"/> Yes <input type="checkbox"/> No

I CERTIFY UNDER PENALTY OF PERJURY under the laws of the State of California that all information provided on this form is true and correct.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Note:** 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: Southern California (800) 852-7050, Northern California (800) 852-5711, or Sacramento (916) 369-0500.

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<b>FOR BUREAU USE ONLY</b>		
FINGERPRINTS ON FILE WITH		LIVE SCAN RESULTS RECEIVED
APPROVED BY	ENFORCEMENT APPROVAL	DATE



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**LIMITED LIABILITY COMPANY  
 BUREAU LICENSED EMPLOYEE**

<input type="checkbox"/> Initial Application for COA	<input type="checkbox"/> Licensed COA - New Employee	<input type="checkbox"/> Resignation or Termination of Employee
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**EMPLOYEE INFORMATION**

LAST NAME	FIRST NAME	MIDDLE INITIAL
ADDRESS	CITY	STATE
PHONE NUMBER ( )	EMAIL ADDRESS (not required)	LICENSE NUMBER
EFFECTIVE DATE OF HIRE	EFFECTIVE DATE OF RESIGNATION / TERMINATION	

**CEMETERY INFORMATION**

NAME OF CEMETERY	LICENSE NUMBER
ADDRESS OF CEMETERY	COA
CITY	STATE
STATE	ZIP CODE

Pursuant to Business and Professions Code section 9653.6, no person licensed by the Cemetery and Funeral Bureau shall have an ownership interest as a member in a limited liability company certificated as a cemetery authority.

Is the Bureau licensed employee listed above a member of the limited liability company that owns and operates the above named cemetery authority?  Yes  No

If yes, the Bureau is required by law to suspend the limited liability company's certificate of authority until the licensee is divested of their ownership interest in the limited liability company or has voluntarily surrendered their license.

**CERTIFICATION OF LICENSED EMPLOYEE**

I CERTIFY UNDER PENALTY OF PERJURY under the laws of the State of California that all information provided above on this form is true and correct.

\_\_\_\_\_  
Signature \_\_\_\_\_ Date

\_\_\_\_\_  
Print Name \_\_\_\_\_ Title

**CERTIFICATION OF LIMITED LIABILITY COMPANY**

I CERTIFY UNDER PENALTY OF PERJURY under the laws of the State of California, as an authorized representative of the limited liability company, that the company has provided, and will maintain, adequate security for claims against it pursuant to Business and Professions Code section 9653.5.

\_\_\_\_\_  
Signature \_\_\_\_\_ Date

\_\_\_\_\_  
Print Name \_\_\_\_\_ Title

Note: All items on this form are mandatory; none are voluntary, unless indicated. All information provided will be used to determine qualification for licensure, per the Business and Professions Code that authorizes the collection of this information. Per California Civil Code section 1798.17 (Information Practice Act), the Bureau Chief of the Cemetery and Funeral Bureau is responsible for maintaining information on this form. This information may be transferred to other governmental and enforcement agencies. Individuals have the right to review the records maintained on them by the agencies, unless the records are exempt by section 1798.40 of the Civil Code. Requests for information may be addressed to the custodian of records: Bureau Chief, Cemetery and Funeral Bureau, 1625 North Market Blvd., Suite S-208, Sacramento, CA 95834, (916) 574-7870.

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## LIMITED LIABILITY COMPANY CERTIFICATION OF INSURANCE COVERAGE

The Cemetery and Funeral Bureau (Bureau) requires that all limited liability companies (LLCs) engaged in the operation of a Certificate of Authority (cemetery) complete the following form to comply with Business and Professions Code sections 9653.5 and 9653.6. Please attach a certificate of insurance or proof of adequate security for claims. This form should be submitted to the Bureau within four months of the most recently completed fiscal year.

NAME OF LIMITED LIABILITY COMPANY		LICENSE NUMBER COA	
ADDRESS OF PRINCIPAL OFFICE	CITY	STATE	ZIP CODE
NAME OF CEMETERY		NUMBER OF EMPLOYEES LICENSED BY THE BUREAU	
PHYSICAL ADDRESS OF CEMETERY	CITY	STATE	ZIP CODE

The LLC certifies that it has provided, and will maintain, security for claims against it based upon acts, errors, or omissions of its licensed employees through either one or a combination of the following:

- (1) Liability insurance of not less than \$1,000,000 for up to five licensed employees plus an additional \$100,000 for every licensed employee over five, not to exceed \$5,000,000;
- (2) Trust or bank escrow, cash, bank CDs, U.S. Treasury obligations, bank letters of credit, or bonds of insurance or surety companies or security for payment of liabilities of not less than \$1,000,000 for up to five licensed employees plus an additional \$100,000 for every licensed employee over five, not to exceed \$5,000,000; or
- (3) Have a net worth equal to or exceeding \$10,000,000. The net worth information must be provided on form 23-NW (2/14) and should reflect the most recently completed fiscal year of the LLC.

If the LLC elects not to utilize the net worth option, each of the members automatically guarantees payment of the difference between the maximum amount of security required, up to \$5,000,000, and the security otherwise provided in accordance with (1) and (2) above provided that the aggregate amount paid by all members shall not exceed the difference. The LLC may aggregate the security required as outlined above, provided that there is no duplication or overlap between any security counted in (1) or (2) and any amounts used to establish the net worth of the LLC in (3).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

**Note:** All items on this form are mandatory; none are voluntary, unless indicated. Per California Civil Code section 1798.17 (Information Practice Act), the Bureau Chief of the Cemetery and Funeral Bureau is responsible for maintaining information on this form. This information may be transferred to other governmental and enforcement agencies. Individuals have the right to review the records maintained on them by the agencies, unless the records are exempt by section 1798.40 of the Civil Code. Requests for information may be addressed to the custodian of records: Bureau Chief, Cemetery and Funeral Bureau, 1625 North Market Blvd., Suite S-208, Sacramento, CA 95834, (916) 574-7870.



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### LIMITED LIABILITY COMPANY CERTIFICATION OF NET WORTH

The Cemetery and Funeral Bureau (Bureau) requires that all limited liability companies (LLCs) engaged in the operation of a Certificate of Authority (cemetery) complete the following form to comply with Business and Professions Code section 9653.5. The information included on the form should reflect the most recently completed fiscal year of the LLC, and be submitted to the Bureau within four months of the completion of said fiscal year.

NAME OF LIMITED LIABILITY COMPANY		LICENSE NUMBER (if applicable)	
		COA	
ADDRESS OF PRINCIPAL OFFICE	CITY	STATE	ZIP CODE
NAME OF CEMETERY			
PHYSICAL ADDRESS OF CEMETERY	CITY	STATE	ZIP CODE

Under penalty of perjury, as an authorized representative of the above-named LLC, I certify that, as of the most recently completed fiscal year, the LLC had a net worth equal to or exceeding ten million dollars (\$10,000,000).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

**Note:** All items on this form are mandatory; none are voluntary, unless indicated. Per California Civil Code section 1798.17 (Information Practice Act), the Bureau Chief of the Cemetery and Funeral Bureau is responsible for maintaining information on this form. This information may be transferred to other governmental and enforcement agencies. Individuals have the right to review the records maintained on them by the agencies, unless the records are exempt by section 1798.40 of the Civil Code. Requests for information may be addressed to the custodian of records: Bureau Chief, Cemetery and Funeral Bureau, 1625 North Market Blvd., Suite S-208, Sacramento, CA 95834, (916) 574-7870.