



APPLICATION FOR EXTENSION OF APPRENTICESHIP

SECTION A: APPRENTICESHIP INFORMATION

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) ()	

SECTION B: REASON FOR REQUESTING AN EXTENSION (Not to exceed six (6) months)

___ 1. I am awaiting the processing of my apprenticeship papers after termination of my apprenticeship and prior to receiving my embalmer license.

___ 2. I have completed my apprenticeship and have taken the embalmer examination on _____
 I am awaiting the Bureau's action on my examination grades. Date

___ 3. I completed my apprenticeship on _____ and intend to enroll in the following Embalming College:
 Date

Name of College _____

SECTION C: SUPERVISING FUNERAL DIRECTOR CERTIFICATION

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

SECTION D: SUPERVISING EMBALMER CERTIFICATION

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

SECTION E: APPRENTICE CERTIFICATION

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

FOR BUREAU USE ONLY

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 _____
Date _____
Title

DISPLAY THIS DOCUMENT CONSPICUOUSLY IN YOUR PLACE OF EMPLOYMENT



NOTICE ON COLLECTION OF PERSONAL INFORMATION

Collection and Use of Personal Information

The Cemetery and Funeral Bureau of the Department of Consumer Affairs collects the personal information requested on this form as authorized by Business and Professions Code Sections 30, 144, 7617.1, 7618, 7619, 7620, 7628, 7642, 7643, 7661, 7662, 7665, 7667, 9650, 9650.2, 9650.3, 9700, 9701, 9702.1, 9704, 9715, 9715.1, 9716, 9723, 9723.1, 9741, 9745, 9746, 9781, 9787.3 and the Information Practices Act. The Cemetery and Funeral Bureau uses this information principally to identify and evaluate applicants for licensure, issue and renew licenses, and enforce licensing standards set by law and regulation.

Mandatory Submission

Submission of the requested information is mandatory unless otherwise noted on the form. The Cemetery and Funeral Bureau cannot consider your application for licensure or renewal unless you provide all of the requested information.

Access to Personal Information

You may review the records maintained by the Cemetery and Funeral Bureau that contain your personal information, as permitted by the Information Practices Act. See below for contact information.

Possible Disclosure of Personal Information

We make every effort to protect the personal information you provide us. The information you provide, however, may be disclosed in the following circumstances:

- In response to a Public Records Act request (Government Code Section 6250 and following), as allowed by the Information Practices Act (Civil Code Section 1798 and following);
- To another government agency as required by State or Federal law; or,
- In response to a court or administrative order, a subpoena, or a search warrant.

Contact Information

For questions about this notice or access to your records, you may contact the Custodian of Records, Cemetery and Funeral Bureau at 1625 North Market Boulevard, Suite S-208, Sacramento, CA 95834, by phone at (916) 574-7870, or by e-mail at emailcfb@dca.ca.gov. For questions about the Department's Privacy Policy, you may contact the Department of Consumer Affairs at 1625 North Market Boulevard, Sacramento, CA 95834, by phone at (800) 952-5210, or by e-mail at dca@dca.ca.gov.