



**APPLICATION TO REPORT DESIGNATION OR CHANGE OF CEMETERY OR CREMATORY
 MANAGER AND/OR REQUEST APPROVAL TO SHARE**

- | | |
|--|---|
| <input type="checkbox"/> Designate a Crematory Manager \$50.00 Fee | <input type="checkbox"/> Requesting Approval to Share a Crematory Manager \$50.00 Fee |
| <input type="checkbox"/> Designate a Cemetery Manager \$50.00 Fee (submit a written statement demonstrating two years experience in the cemetery business.) | <input type="checkbox"/> Requesting Approval to Share a Cemetery Manager \$50.00 Fee |

SECTION A: APPLICANT INFORMATION

| | | | |
|----------------|-------------------|-------------------------|----------|
| Business Name | | License Type and Number | |
| Address | City | State CA | Zip Code |
| Contact Person | Fax Number () | Telephone Number () | |

SECTION B: MANAGER INFORMATION (Cemetery Managers must submit a written statement demonstrating two years experience.)

| | | | |
|--------------------------|---------------------|------------------------|---------------------|
| Name of Previous Manager | License Number | Date of Disassociation | |
| Name of New Manager | License Type/Number | Expiration Date | Date of Association |

Under this managers license is this manager designated at any other Cemetery/Cematory? No Proceed to section D Yes Complete section C

SECTION C: APPROVAL TO SHARE A MANAGER

(The Cemetery or Crematory must be under common ownership, have a designated main office, and be within 60 miles of the main office.)

| | | | | | |
|---|---|--|----------------------|----------------------|----------------------|
| Designated Main Office | License Number | Miles From Establishment in Section A? | | | |
| Address of Main Office | City | State CA | Zip Code | | |
| Designated Manager is also the Designated Manager at the following licensed Cemeteries/Crematories under this CEM/CRM license. | COA/CR# (Circle One) | COA/CR# (Circle One) | COA/CR# (Circle One) | COA/CR# (Circle One) | COA/CR# (Circle One) |
| Type of Ownership <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership (Crematory only) <input type="checkbox"/> Sole Owner (Crematory only) | Name(s) of Corporation, Partners, or Sole Owner | | | | |

SECTION D: OWNER, PARTNER, OR CORPORATE OFFICER CERTIFICATION

(Must be signed by the owner, if a Sole Owner; a Partner, if a Partnership; a Corporate Officer if a Corporation.)

I understand that this establishment must employ a licensed manager at all times, and any change of the designated manager will be reported to the Bureau within 10 days. 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 | Print Name | Date |
|-----------|------------|------|

FOR BUREAU USE ONLY

| | | | | | |
|----------------|--------------------------|-----------------|-----------------|------------------------|-----------------------------------|
| Date Cashiered | Amount Cashiered | ATS Number | Receipt Number | | |
| Date Approved | Common Ownership Checked | Within 60 Miles | Related License | CR/COA License Ordered | Duplicate Manager License Ordered |



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.