



REQUEST FOR CHANGE OF CEMETERY SALESPERSON LICENSE

TRANSFER REINSTATEMENT

\$50 FEE

SECTION A: NAME OF APPLICANT				
Last Name	First	Middle Initial	License Number CES	
Residence Address		City	State CA	Zip Code
Residence Telephone Number		Social Security Number	Date of Birth	
SECTION B: LICENSE CURRENTLY READS				
Name of Employing Broker (Enter the Broker's name not the business name)			Broker's License Number	
Address		City	State CA	Zip Code
SECTION C: CHANGE LICENSE TO				
Name of New Employing Broker (Enter the broker's name not the business name)			Broker License Number	
Address		City	State CA	Zip Code
Mailing Address for Broker (If different from above)		City	State CA	Zip Code
Telephone Number of Broker		Fax Number for Broker		
Name of Broker's Contact Person (For questions regarding this application)		Telephone Number of Contact Person		
SECTION D: APPLICANT CERTIFICATION				
I certify under penalty of perjury under the laws of the State of California that the answers given in this application are true and correct, and that if licensed I will not violate any provisions of the Cemetery Act, nor misuse the privileges of the registrant.				
Signature of Applicant			Date	
SECTION E: BROKER CERTIFICATION				
I hereby certify under penalty of perjury under the laws of the State of California that I am a licensed Cemetery Broker. I request the Cemetery and Funeral Bureau issue to the person named in this application a license as Cemetery Salesperson in my employ. I certify that if a license is issued, I will exercise a careful supervision over the salesperson's cemetery activities while so employed.				
Signature of Employing Broker			Date	
FOR BUREAU USE ONLY				
Date Received	Amount Cashier	ATS Number	Receipt Number	

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: So. California (800) 852-7050, No. California (800) 852-5711, or Sacramento at (916) 369-0500.

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



NOTICE ON COLLECTION OF PERSONAL INFORMATION

Collection and Use of Personal Information

The Department of Consumer Affairs Cemetery and Funeral Bureau (Bureau) collects the personal information requested on this form in accordance with Business and Professions Code (BPC) sections 30, 114.5, 115.4, 115.5, 144, 144.5, 480, the Cemetery and Funeral Act (BPC section 7600, et. seq.), and the Information Practices Act (Civ. Code section 1798, et seq.). The Bureau uses this information principally to identify and evaluate applicants for licensure, issue and renew licenses, and enforce licensing and reporting standards set by law and regulation.

Mandatory Submission

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

Failure to provide any of the requested information will result in the application being deemed incomplete pursuant to California Code of Regulations, title 16, sections 1254, 2328 and 2329. Incomplete applications are subject to abandonment one year from the date the applicant is notified of deficiencies.

In addition, BPC sections 30 and Public Law 94-455 (42 U.S.C.A. 405 (c)(2)(C)) authorize the collection of your Federal Employer Identification Number (FEIN) or Social Security Number (SSN) at the time of licensure. The information will be used for purposes of tax or child support enforcement, and verification of licensure and examination status. If you fail to disclose your FEIN or SSN, you will be reported to the Franchise Tax Board, which may assess a \$100.00 penalty against you.

Access to Personal Information

The Bureau is responsible for maintaining the information contained within this application. You may request a copy of or review the records maintained by the Bureau that contain your personal information, as permitted by the Information Practices Act. You may submit your request to the Bureau's Custodian of Records listed in the contact information section below.

Possible Disclosure of Personal Information

The Bureau makes every effort to protect the personal information you provide us. The information you provide, however, may be disclosed under the following circumstances:

- In response to a Public Records Act request (Government Code Section 6250, et seq.),
- 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.