



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 A
CREMATED REMAINS DISPOSER LICENSE
REGISTRATION FEE \$100.00**

**License Number Issued
CRD**

SECTION A: APPLICANT INFORMATION

Last Name		First		Middle Initial	Former (If applicable)	
Residence Address			City		State CA	Zip Code
Home Telephone Number ()		Date of Birth		Social Security Number		
Business Address			City		State CA	Zip Code
Mailing Address (If different than business address)			City		State CA	Zip Code
Storage Address (If different than business address)			City		State CA	Zip Code
Business Phone Number ()		Fax Number ()		Storage Phone Number (If different than business) ()		

SECTION B: METHOD(S) THAT WILL BE USED TO SCATTER CREMATED REMAINS
(Attach additional pages as needed.)

State Method you plan to use to scatter cremated remains: (i.e., Aircraft, Boat, Horseback Riding, Private Vehicle)

Registration and Documentation Number (If applicable)	Federal Aviation Registration Number (If applicable)
Area to be served	

State Method you plan to use to scatter cremated remains: (i.e., Aircraft, Boat, Horseback Riding, Private Vehicle)

Registration and Documentation Number (If applicable)	Federal Aviation Registration Number (If applicable)
Area to be served	

FOR BUREAU USE ONLY

Date Cashiered	Amount Cashiered	ATS Number	Receipt Number
SID Number/On File With/Date Received		Issuance Date	License and Packet Mailed On

SECTION C: APPLICANT BACKGROUND INFORMATION

Has the Cemetery and Funeral Bureau ever issued you a personal license? Yes No
If yes, provide license type(s) number(s) and issue date(s)._____

Have you previously submitted fingerprint cards or a copy of a Request for Live Scan Service to the Cemetery and Funeral Bureau? Yes No
If yes, for what license type, 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.

Have you ever been convicted of, or pled no contest to, a violation of any law of the United States, any state or local jurisdiction, or any foreign country? Yes No
If yes, attach an explanation that includes the type of violation, the date, circumstances and location, and the complete penalty received. Also include copies of court documents, arrest records, verification of restitution received by the court, and verification of successful completion of probation.
You must include all misdemeanor and felony convictions, regardless of the age of the conviction, including those which have been set aside and/or dismissed under Penal Code Section 1000 or 1203.4 (Traffic violations of \$500.00 or less need not be reported).

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 this state or any other state, or any foreign country? Yes No
If yes, attach an explanation that includes the license type, the action taken, by what state, and the date. Also include a copy of the administrative action, and if applicable, copies of court documents, arrest records, verification of restitution received by the court, and verification of successful completion of probation.

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 registration.

Signature of Applicant _____ Date _____

Note: The information solicited on this form is required pursuant to Business and Professions Code Section 9741. All items in this application are mandatory; none are voluntary. 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 Chief of the Cemetery and Funeral Bureau is responsible for maintaining information in this application. 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, 400 R Street, Suite 3080, Sacramento, CA 95814, (916) 322-7737.

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.



SUPPLEMENTAL APPLICATION FOR LICENSURE

Applicants for the following licensure categories must complete and submit this form with their application.

- Funeral Director
- Embalmer
- Apprentice Embalmer
- Cemetery Manager
- Cemetery Broker
- Cemetery Salesperson
- Crematory Manager
- Cremated Remains Disposer

APPLICANT INFORMATION			
LAST NAME	FIRST NAME	MIDDLE INITIAL	
ADDRESS	CITY	STATE	ZIP CODE
PHONE NUMBER (optional) ()	SSN OR ITIN		
FORMER NAME ON LICENSE (if applicable)	LICENSE(S) APPLYING FOR		
BACKGROUND INFORMATION:			
Have you ever served in the United States Military? If yes, you may qualify for expedited processing of your application. Any experience or education received while serving in the military may be eligible to be applied towards licensure requirements. While responding is optional, you must respond to the question to qualify.			<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you ever been convicted of, or pled guilty or nolo contendere to ANY criminal or civil offense in the United States, its territories, or a foreign country? This includes every citation, infraction, misdemeanor and/or felony, including traffic violations. If yes, you can attach an explanation that includes the type of violation, the date, circumstances and location, and the complete penalty received. Also include copies of court documents, arrest records, verification of restitution received by the court, and verification of successful completion of probation. 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) or criminal charges dismissed under Penal Code section 1000.3, should NOT be reported. All other convictions and convictions that were dismissed from the records of the court or set aside pursuant to section 1203.4, 1203.4a, or 1203.41 of the Penal Code or equivalent non-California law MUST be disclosed. Proof of Dismissal: If you have obtained a dismissal of your conviction(s) pursuant to Penal Code sections 1203.4, 1203.4a, or 1203.41, please submit a certified copy of the court order dismissing the conviction(s) with your application.			<input type="checkbox"/> YES <input type="checkbox"/> NO
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	



NOTICE ON COLLECTION OF PERSONAL INFORMATION

Collection and Use of Personal Information

The Cemetery and Funeral Bureau (Bureau) of the Department of Consumer Affairs collects the personal information requested on this form in accordance with Business and Professions Code (BPC) sections 30, 35, 114.3, 114.5, 115.4, 115.5, 144, 480, Cemetery and Funeral Act (BPC section 7600 et. seq.), and the Information Practices Act. 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.

Access to Personal Information

You may review the records maintained by the 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.