



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

Designate a Crematory Manager \$50.00 Fee

Requesting Approval to Share a Cemetery Manager \$50.00 Fee

Designate a Cemetery Manager \$50.00 Fee
 (submit a written statement demonstrating two years
 experience in the cemetery business.)

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/Crematory? 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
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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

