



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 CREMATED REMAINS DISPOSER REGISTRATION
 Application Fee \$190.00

**License number issued
CRD**

SECTION A: APPLICANT INFORMATION

LAST NAME		FIRST NAME		MIDDLE INITIAL
RESIDENCE ADDRESS		CITY	STATE CA	ZIP CODE
TELEPHONE NUMBER	DATE OF BIRTH	SOCIAL SECURITY NUMBER		
BUSINESS ADDRESS		CITY	STATE CA	ZIP CODE
MAILING ADDRESS (if applicable)		CITY	STATE CA	ZIP CODE
STORAGE ADDRESS (if applicable)		CITY	STATE CA	ZIP CODE
BUSINESS TELEPHONE NUMBER	FAX NUMBER	STORAGE PHONE NUMBER (if different than business)		

SECTION B: METHOD(S) THAT WILL BE USED TO SCATTER CREMATED REMAINS (Attached additional page as needed)

State method you plan to use to scatter cremated remains (i.e., Aircraft, boat, horseback, private vehicle)	
Registration and documentation number (if applicable)	Federal aviation registration (if applicable)
Area(s) to be served	
State method you plan to use to scatter cremated remains (i.e., Aircraft, boat, horseback, private vehicle)	
Registration and documentation number (if applicable)	Federal aviation registration (if applicable)
Area(s) 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: BACKGROUND INFORMATION	
Has the Cemetery and Funeral Bureau ever issued you a personal license? If yes, provide license type(s), number(s), and date(s) issued: _____	<input type="checkbox"/> YES <input type="checkbox"/> NO
Have you previously submitted live scan service to the Cemetery and Funeral Bureau? If yes, explain for what purpose: _____ If no, submit a copy of your Request for Live Scan Service form verifying that fingerprints have been scanned and all applicable fees have been paid along with this application.	<input type="checkbox"/> YES <input type="checkbox"/> NO
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 the United States or a foreign country? If yes, please attach an explanation that includes license type, action, company name (if applicable), year of action, and state.	<input type="checkbox"/> YES <input type="checkbox"/> NO
SECTION D: APPLICANT CERTIFICATION	
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

Note: The information solicited on this form is required pursuant to Business and Professions Code section 7672.1. All items on this form are mandatory; none are voluntary, unless indicated. 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 Bureau Chief of the Cemetery and Funeral Bureau is responsible for maintaining information on this form. 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, 1625 North Market Blvd., Suite S-208, Sacramento, CA 95834, (916) 574-7870.

Effective July 1, 2012, the State Board of Equalization and the Franchise Tax Board may share taxpayer information with the Bureau. You are obligated to pay your state tax obligation and your license may be suspended if the state tax obligation is not paid per Business and Professions Code section 31(e).

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SUPPLEMENTAL APPLICATION FOR LICENSURE

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

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

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:			
<p>Have you ever served in the United States Military?</p> <p>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.</p>			<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>Business and Professions Code section 135.4 provides that the Cemetery and Funeral Bureau must expedite, and may assist, the initial licensure process for certain applicants described below.</p> <p>Do any of the following statements apply to you:</p> <ul style="list-style-type: none"> • You were admitted to the United States as a refugee pursuant to section 1157 of title 8 of the United States Code; • You were granted asylum by the Secretary of Homeland Security or the United States Attorney General pursuant to section 1158 of title 8 of the United States Code; or, • You have a special immigrant visa and were granted a status pursuant to section 1244 of Public Law 110-181, Public Law 109-163, or section 602(b) of title VI of division F of Public Law 111-8, relating to Iraqi and Afghan translators/interpreters or those who worked for or on behalf of the United States government. <p>If you selected YES, you must attach evidence of your status as a refugee, asylee, or special immigrant visa holder. Failure to do so may result in application review delays.</p>			<input type="checkbox"/> YES <input type="checkbox"/> NO
CERTIFICATION OF APPLICANT			
<p>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.</p>			
_____ SIGNATURE		_____ DATE	

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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.