

BUSINESS, CONSUMER SERVICES, AND HOUSING AGENCY . GAVIN NEWSOM, GOVERNOR

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



Cemetery Salesperson Application Instructions and Checklist

To be *eligible* to apply for licensure as a **cemetery salesperson**, you must meet the following requirements:

- Be employed by a licensed cemetery broker.
 - Have committed no acts or crimes constituting grounds for denial of licensure under Section 480 of the Business and Professions Code.

Check List

Have you completed each item on pages 1 and 2 of your application?
Have both you and your broker signed the application?
Have you included a \$30.00 application fee?
Have you submitted the original signed application?
Have you included your completed Request for Live Scan Service Form, if required?

Important Information

Cemetery salesperson licenses are only valid to the broker and the location for which they are issued. A change of your employing broker or the location where you work requires you to submit a Transfer Application with a \$25.00 processing fee.

The license term is one year, the renewal fee is \$25.00; the late fee is \$25.00.

All salesperson licenses expire on June 30th, of each year.

Do not submit a Transfer Application for a change of residence address. If you have a change of residence address, notify the Bureau in writing. Include the following information: your name, license number, new address, previous address, date of birth and your signature. No fee is required for a change of residence address.

Direct all questions regarding your application to the Cemetery and Funeral Bureau, Licensing Unit at the address and telephone number listed above. Mail your application, and all requested items to:

REGULAR MAIL: P.O. Box 989003, West Sacramento, CA 95798-9003

PRIORITY MAIL: 1625 North Market Blvd., Suite S208, Sacramento, CA 95834



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APPLICATION FOR CEMETERY SALESPERSON LICENSE APPLICATION FEE \$30.00 LICENSE NUMBER ISSUED

CES										
SECTION A: APPLICANT INFORMATION										
Last Name			First Name						Middle Initial	
		T				T ~				
Residence Address		City					tate	Zip Cod	e	
						C	CA			
Residence Telephone Number	Daytime Telephone N	L Number		Date of Birt	h		Social Seci	Security Number		
()		· · · · · · · · · · · · · · · · · · ·	Bate of Birtin Social Security Number							
	All cemetery salesperson licenses expire						licenses expire			
I want my license: issued	as soon as possible		held ur	ntil July 1	0	n Jui	ne 30 of ea	ach year.		
SECTION B: BROKER INFO	ORMATION									
Employing Broker (enter the Broker's	name not the business name)				Broker	's Lie	cense num	ber		
Name of Business							License	Numban (rc 1: 11 \	
Name of Business					License Number (If applicable)					
							COA			
Address			City			State	e	Zip C	ode	
					CA		_			
Mailing Address (if different than above)			City			State Z		Zip C	odo	
Maning Address (ii different than abov	e)		City			CA		Zip C	oue	
						CA				
Telephone Number of Broker			Fax	Number of I	Broker					
Name of Broker's Contact Person (for questions regarding this application) Telephone Number of Contact Person										
Name of Broker's Contact Person (for questions regarding this application) Telephone Number of Contact Person ()										
SECTION C: EMPLOYING BROKER CERTIFICATION										
I hereby certify under penalty of pe										
Cemetery and Funeral Bureau to is										
that if a license is issued, I will exercise a careful supervision over the salesperson's cemetery activities while so employed.										
Signature of Broker Date										
FOR BUREAU USE ONLY										
Date Cashiered	e Cashiered Amount Cashiered			ATS Number			Receip	t Number		
		1		<u> </u>						
SID Number/On file with	Broker Check	Enfo	rcement	Check		Issua	nce Date			

SECTION D: APPLICANT BACKGROUND INFORMATION						
Has the Cemetery and Funeral Bureau ever issued you a personal lic	rense? Yes	No 🗌				
If yes, provide license type(s), number(s) and date(s) issued						
Have you previously submitted fingerprint cards or a copy of a Requesto the Cemetery and Funeral Bureau?	nest for Live Scan Service form 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 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 E: APPLICANT CERTIFICATION A salesperson license entitles you to act as a cemetery salesperson for the broker named on this application at the address shown. It						
does not entitle you to work for any other broker or any other office of your employing broker.						
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					

Note: The information solicited on this form is required pursuant to Business and Professions Code Section 9701. 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, 1625 North Market Blvd., Suite S208, Sacramento, CA 95834 (916) 574-7870.

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.



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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	ME FIRST NAME					
ADDRESS		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 State	tes Military?					
If yes, you may qualify for expedited process while serving in the military may be eligible to optional, you must respond to the question to	☐ YES ☐ NO					
Business and Professions Code section must expedite, and may assist, the initial Do any of the following statements apply						
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, □ YES □ NO						
 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. 						
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.						
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				

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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.gov.