



CEMETERY AND FUNERAL BUREAU

1625 North Market Blvd., Suite S-208, Sacramento, CA 95834
 (916) 574-7870 | emailcfb@dca.ca.gov | www.cfb.ca.gov



APPROVAL TO TRAIN APPRENTICE EMBALMERS - \$190 FEE

A funeral establishment requesting permission from the Bureau to train apprentices pursuant to Title 16, section (16 CCR) 1230(a), shall meet the requirements of that section and Business and Professions Code (BPC) section 7670 and complete Sections A and C of this form.

A funeral establishment requesting Bureau approval to be treated in aggregate pursuant to 16 CCR 1230(b) shall meet the requirements of that section and BPC section 7670 and complete Section A, B, and C of this form.

This signed application, accompanied with the required fee of \$190, must be submitted to the Bureau by mail to the address above.

[NOTICE ON COLLECTION OF PERSONAL INFORMATION](#)

SECTION A: FUNERAL ESTABLISHMENT INFORMATION			
Designate main office for funeral establishments under common ownership			
Name of Funeral Establishment (FD)		License Number FD	
Address of Funeral Establishment	City	State CA	Zip Code
Mailing Address (if applicable)	City	State	Zip Code
Telephone Number ()	Fax Number ()	Contact Name for this Application	
How many embalmings were performed by this establishment during the last 12 months from the date of the application?	BPC section 7670(a)(1) requires that not less than 50 human remains per apprentice employed have been embalmed in the establishment during the 12 months immediately preceding the date of this application.		
For each two apprentices, does this establishment employ a qualifying supervising California licensed embalmer (EMB) who has practical experience as a California licensed embalmer in the two years immediately preceding the date of this application pursuant to BPC section 7670(a)(2). (Attach a separate page for additional supervising embalmers for this location.)		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Name of Supervising Embalmer		License Number EMB	
Name of Supervising Embalmer		License Number EMB	
Name of Supervising Embalmer		License Number EMB	

SECTION B: ADDITIONAL FUNERAL ESTABLISHMENT INFORMATION (under common ownership)

If you are applying for multiple establishments to be treated in aggregate for the purpose of meeting this requirement, complete this section for one additional facility. If more than one additional facility, attach a separate piece of paper and for each facility provide the name, address, license number, number of embalmings performed during the last 12 months preceding the date of this application, and miles from the designated main office.

Name of the Funeral Establishment

FD License Number

How many embalmings were performed by this establishment, identified in Section B, during the last 12 months preceding the date of this application?

Miles from FD Main Office (identified in Section A)

SECTION C: FUNERAL DIRECTOR CERTIFICATION

I certify any apprentice embalmer employed by this funeral establishment shall be instructed in the study of embalming. Such instruction shall be under the supervision of an embalmer approved by the Cemetery and Funeral Bureau.

In accordance with Title 16, California Code of Regulations Section 1204(b), as the managing funeral director, I understand I am responsible for exercising such direct supervision and control over the conduct of the funeral establishment to ensure full compliance with the Cemetery and Funeral Bureau laws, rules, and regulations.

I hereby certify under penalty of perjury, under the laws of the State of California, that all statements made on this application, including any attached documents, are true and correct.

SIGNATURE_____
DATE**FOR BUREAU USE ONLY**

THIS APPLICATION HAS BEEN

 APPROVED REASON FOR DENIAL

APPROVER NAME: _____

APPROVAL DATE:

THE ABOVE-NAMED FUNERAL ESTABLISHMENT, DESIGNATED AS THE MAIN OFFICE, IS APPROVED TO TRAIN APPRENTICE EMBALMERS, PROVIDED THE FUNERAL ESTABLISHMENT EMPLOYS AT LEAST ONE (1) QUALIFIED SUPERVISING EMBALMER TO EVERY TWO APPRENTICE EMBALMERS

APPROVAL EXPIRES ON:

DATE CASHIERED

AMOUNT CASHIERED

ATS ID NUMBER

RECEIPT NUMBER

DATE COMPLETED