



## 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 30<sup>th</sup>, 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



**APPLICATION FOR CEMETERY SALESPERSON LICENSE**

**APPLICATION FEE \$30.00**

**LICENSE NUMBER ISSUED  
 CES**

<b>SECTION A: APPLICANT INFORMATION</b>				
Last Name		First Name		Middle Initial
Residence Address		City	State CA	Zip Code
Residence Telephone Number ( )	Daytime Telephone Number ( )	Date of Birth	Social Security Number	
I want my license: <input type="checkbox"/> issued as soon as possible <input type="checkbox"/> held until July 1			<b>All cemetery salesperson licenses expire on June 30 of each year.</b>	
<b>SECTION B: BROKER INFORMATION</b>				
Employing Broker (enter the Broker's name not the business name)			Broker's License number	
Name of Business			License Number (if applicable) COA	
Address		City	State CA	Zip Code
Mailing Address (if different than above)		City	State CA	Zip Code
Telephone Number of Broker ( )		Fax Number of Broker ( )		
Name of Broker's Contact Person (for questions regarding this application)			Telephone Number of Contact Person ( )	
<b>SECTION C: EMPLOYING BROKER CERTIFICATION</b>				
I hereby certify under penalty of perjury under the laws of the State of California that I am a licensed Cemetery Broker. I request the Cemetery and Funeral Bureau to issue the person named in this application a license as a Cemetery Salesperson in my employ. I certify 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	
<b>FOR BUREAU USE ONLY</b>				
Date Cashiered	Amount Cashiered	ATS Number		Receipt Number
SID Number/On file with	Broker Check	Enforcement Check	Issuance Date	

**SECTION D: 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 date(s) issued. \_\_\_\_\_

Have you previously submitted fingerprint cards or a copy of a Request for Live Scan Service form 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 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.



## 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

<b>APPLICANT INFORMATION</b>			
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		
<b>BACKGROUND INFORMATION:</b>			
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
<b>CERTIFICATION OF APPLICANT</b>			
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](mailto: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](mailto:dca@dca.ca.gov).