



**APPLICATION FOR APPROVAL TO SHARE APPRENTICE  
 EMBALMERS AND TRAINING FACILITIES  
 \$100.00 APPLICATION FEE**

<b>SECTION A: APPLICANT INFORMATION</b> (Where apprentice is currently approved to work)			
Establishment Name		License Number <b>FD</b>	
Address	City	State <b>CA</b>	Zip Code
Telephone Number ( )	Fax Number ( )	Contact Person for this Application	
Name of Apprentice		Registration Number <b>AE</b>	
Managing Funeral Director		License Number <b>FDR</b>	
<b>SECTION B: MAIN OFFICE</b> (Must be within 60 miles of all shared establishments)			
Establishment Name		License Number <b>FD</b>	
Address	City	State <b>CA</b>	Zip Code
<b>SECTION C: SHARED TRAINING FACILITIES</b>			
Name of Training Establishment		License Number <b>FD</b>	Miles from Main Office
Address	City	State <b>CA</b>	Zip Code
Name of Supervising Embalmer		License Number <b>EMB</b>	Total Number of Apprentices Supervised
Name of Training Establishment		License Number <b>FD</b>	Miles from Main Office
Address	City	State <b>CA</b>	Zip Code
Name of Supervising Embalmer		License Number <b>EMB</b>	Total Number of Apprentices Supervised
Name of Training Establishment		License Number <b>FD</b>	Miles from Main Office
Address	City	State <b>CA</b>	Zip Code
Name of Supervising Embalmer		License Number <b>EMB</b>	Total Number of Apprentices Supervised
<b>SECTION D: FUNERAL DIRECTOR CERTIFICATION</b>			
I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.			
Signature		Date	

