

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



INSTRUCTIONS FOR APPLICATION FOR HYDROLYSIS FACILITY LICENSE

A hydrolysis facility means a building or structure containing one or more chambers for the reduction of bodies of deceased persons by alkaline hydrolysis.

The application for a hydrolysis facility (HF) must be made on Bureau form 23-HF (New 07/20) and shall be accompanied by the application fee of \$900.00, payable to the Cemetery and Funeral Bureau. The annual renewal fee is \$900.00. All fees are non-refundable.

After all required documents have been submitted and approved by the Bureau, a field representative will inspect your hydrolysis facility before final approval is given and a license issued. Once you have been issued a license, the license must be posted in a conspicuous place where it can be viewed by consumers.

APPLICATION INSTRUCTIONS

Section A: Hydrolysis Facility Information

List the name of the hydrolysis facility, include your Federal Employee Identification Number (FEIN). List the physical address of the hydrolysis facility and, if applicable, the mailing address, the phone number, fax number, and an email address, (optional).

Section B: Name of Person Filing the Application

List the name of the person submitting the application and a phone number. If a corporation, the Corporate Resolution must be submitted showing the corporation has delegated authority to the applicant to submit the application on behalf of the business.

Section C: Name of Designated Crematory Manager

California Code of Regulations section 2326.1 requires all hydrolysis facilities to have a designated crematory manager. List the name, license number, and expiration date of the designated crematory manager for this hydrolysis facility.

Section D: Approval to Share Crematory Manager

A crematory manager may be designated as the hydrolysis facility manager at more than one hydrolysis facility upon compliance with specific requirements. If the crematory manager being designated for this hydrolysis facility is the designated crematory manager at other hydrolysis facilities list the hydrolysis facilities license number(s), and the name and address of the hydrolysis facilities designated as the main office, license number, and the number of miles from the main office

Section E: Ownership

Individual Owner

List name and submit a completed Bureau form CA-16, Certification Affidavit.

Partnership Owner

List the names of all general partners, attach a copy of the partnership agreement, and submit a completed Bureau form CA-16, Certification Affidavit for each partner. Additional pages may be attached as needed.

Corporate Officers

List the name of the corporation, address, city, state, and zip code of the corporation. List the state and date of incorporation. List names and title for all corporate officers. Submit a completed Bureau form CA-16, Certification Affidavit for each officer, and a copy of the Articles of Incorporation. Additional pages may be attached as needed.

(New 07/20)

APPLICATION CHECK LIST

All Applicants

- Completed application with correct filing fee of \$900.00.
- Articles of Incorporation if applicant is a corporation (certified by the Secretary of State), may be obtained from website www.ss.ca.gov/business.
- Corporate Resolution authorizing applicant to submit the application on behalf of the corporation.
- Partnership agreement if applicant is a partnership.
- Land use or zoning permit certified by the city or county for the land proposed to be used for the hydrolysis facility.
- Permit to operate a hydrolysis facility issued by local department of public health.
- Deed, lease, or other written instrument providing the right to possess and use the property where the business will be located.
- Approval of hydrolysis chamber issued by California Department of Public Health.
- Signed & verified applicable statement(s):
 - The individual if the applicant is an individual,
 - The chief executive officer and one of the directors of the corporation if the applicant is a corporation,
 - Both partners, if the partnership has two partners, or
 - The majority of partners, if the applicant is a partnership with two or more partners.

Each statement shall set forth:

- (1) Complete and detailed financial statement showing assets, liabilities, and reserves.
- (2) Statement of proposed plan of operation which shall include the type of services proposed to be sold by the facility.
- (3) Complete and accurate copy of the standard agreement the applicant proposes to use for funding of prearranged hydrolysis.

- Plans and specifications of the hydrolysis facility and building, which must be sufficient to demonstrate the following:
 - (1) Amount of storage for hydrolyzed and unhydrolyzed remains
 - (2) Relative placement of structures and equipment in the hydrolysis facility
- Bureau form 16-CA (rev. 1/21), Certification Affidavit for each owner, partner, or officer.
- If there is no cold storage, the applicant must include a written statement that the hydrolysis process will begin within 24 hours of the hydrolysis facility taking custody.
- Statement of how the applicant will dispose of hydrolysate (discharge through sewer system or containment, collection and transport to a treatment facility) along with the required permits for disposing of hydrolysate. Must include one of the following permits:
 1. Permit from authority that provides wastewater treatment services.

OR

2. Permit from the Department of Toxic Substances Control for the creation, collection, treatment, or transport of hazardous waste.
- Designation of a licensed Crematory Manager.
 - Contract with a licensed cemetery for final disposition of hydrolyzed remains that are in its possession after 90 days of the date of death.
 - Written statement from the hydrolysis chamber manufacturer demonstrating that the crematory manager has received the proper training for the operation of the hydrolysis chamber.
 - Any other permits required to operate a hydrolysis facility.

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APPLICATION FOR HYDROLYSIS FACILITY LICENSE

INITIAL FILING FEE \$900

HF NUMBER ISSUED

SECTION A: HYDROLYSIS FACILITY INFORMATION

NAME OF HYDROLYSIS FACILITY			FEIN	
ADDRESS OF HYDROLYSIS FACILITY		CITY	STATE CA	ZIP CODE
MAILING ADDRESS (if applicable)		CITY	STATE	ZIP CODE
PHONE NUMBER ()	FAX NUMBER ()	EMAIL ADDRESS (not required)		

SECTION B: NAME OF PERSON FILING THE APPLICATION

LAST NAME	FIRST NAME	PHONE NUMBER (if different than above) ()
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SECTION C: NAME OF DESIGNATED CREMATORY MANAGER

LAST NAME	FIRST NAME	LICENSE NUMBER CRM	EXPIRATION DATE
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SECTION D: APPROVAL TO SHARE CREMATORY MANAGER

(If applicable, must be under common ownership and within 60 miles of the main office)

Designated crematory manager is also managing the following licensed hydrolysis facilities:	HF	HF	HF	HF
NAME OF HYDROLYSIS FACILITY DESIGNATED AS THE MAIN OFFICE	LICENSE NUMBER HF	MILES FROM MAIN OFFICE		
ADDRESS OF HYDROLYSIS FACILITY	CITY	STATE CA	ZIP CODE	

SECTION E: OWNERSHIP

IF OWNER IS AN INDIVIDUAL

LAST NAME	FIRST NAME	MIDDLE INITIAL
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ALL INDIVIDUALS ARE REQUIRED TO SUBMIT A CERTIFICATION AFFIDAVIT

IF OWNER IS A PARTNERSHIP (List all general partners and attach a copy of the partnership agreement)

LAST NAME	FIRST NAME	MIDDLE INITIAL	% OWNED

ALL PARTNERS ARE REQUIRED TO SUBMIT A CERTIFICATION AFFIDAVIT

FOR BUREAU USE ONLY

DATE CASHIERED	AMOUNT CASHIERED	ATS ID NUMBER	RECEIPT NUMBER
ENFORCEMENT CHECK	INSPECTION NOTICE SENT	APPLICATION APPROVED	LICENSE ORDERED

IF OWNER IS A CORPORATION (Attach a copy of the Articles of Incorporation)

NAME OF CORPORATION (Exact name as shown on Articles of Incorporation)

ADDRESS (if different than Hydrolysis Facility)

CITY

STATE

ZIP CODE

CA

INCORPORATED IN STATE OF

DATE INCORPORATED

CORPORATE OFFICERS (Information provided must match the Statement of Information filed with the Secretary of State)

TITLE

LAST NAME

FIRST NAME

MIDDLE INITIAL

PRESIDENT

VICE PRESIDENT

TREASURER

SECRETARY

ALL CORPORATE OFFICERS ARE REQUIRED TO SUBMIT A CERTIFICATION AFFIDAVIT

SECTION F: CERTIFICATION OF APPLICANT

I hereby certify under penalty of perjury, under the laws of the State of California, that all statements, answers, and representations on this form, and all attachments provided with the form, are true, complete, and accurate.

SIGNATURE

DATE

PRINT NAME

TITLE