



APPLICATION FOR TEMPORARY LICENSURE (MILITARY SPOUSES/PARTNERS)

Applicants seeking a temporary license must submit this signed application to the Bureau.

NOTICE

A temporary license issued by the Bureau is nonrenewable and shall expire 12 months after issuance, upon issuance or denial of a standard license, upon issuance or denial of a license by endorsement, or upon issuance or denial of an expedited license pursuant to BPC section 115.5.

Definitions: For the purposes of this application, the following definitions shall apply:

- (1) "Disciplined" means that the applicant's license was placed on probation, revoked, suspended, reprovved, censured, reprimanded, restricted, limited, or conditioned.
- (2) "Jurisdiction" shall mean a California or another state's licensing board or agency, any agency of the federal government, or another country.
- (3) "Disciplinary proceeding" shall mean any proceeding or investigation under the authority of the licensing jurisdiction pursuant to which a licensee may be disciplined.

PERSONAL INFORMATION

1. Last Name	First	Middle	Suffix
2. Other Names/Aliases			
3. Licensure Application Type (Check Applicable License Type)			
<input type="checkbox"/> TFD (Funeral Director) <input type="checkbox"/> TEM (Embalmer) <input type="checkbox"/> TCR (Crematory Manager) <input type="checkbox"/> TCM (Cemetery Manager) <input type="checkbox"/> TCB (Cemetery Broker)*			
<i>*For a Broker license you must also complete the below information.</i>			
FOR BROKER'S LICENSE FILING STATUS - CHOOSE BROKER TYPE AND SUBMIT THE REQUIRED INFORMATION			
<input type="checkbox"/> Corporate Broker	Name of Cemetery	License Number of Cemetery	
	Federal Taxpayer ID Number	Submit a Corporate Resolution authorizing you to become a Broker on behalf of the Cemetery	
<input type="checkbox"/> Individual Broker	Submit a \$10,000 Surety Bond		
4. Social Security or Individual Taxpayer Identification Number		5. Date of Birth	
6. Physical Address			
Number and Street (including apartment number, if applicable)			
City		State	Zip Code

7. Mailing Address (If different from Physical Address)		
Number and Street (including apartment number, if applicable) or P.O. Box Number		
City	State	Zip
8. Email Address (optional)		
9. Telephone Numbers		
Home	Mobile	Work
U.S. MILITARY REQUIREMENT (FOR SPOUSES/DOMESTIC PARTNERS OF U.S. MILITARY MEMBERS)		
10. Are you married to, or in a domestic partnership or other legal union, with an active duty member of the Armed Forces of the United States who is assigned to a duty station in California under official active duty military orders?		YES* <input type="checkbox"/> NO <input type="checkbox"/>
<p>*If YES, please provide with this application the following documentation required to process your request for a temporary license. Failure to do so shall result in the application being deemed incomplete and the application will not be processed:</p> <ul style="list-style-type: none"> • Certificate of marriage or certified declaration/registration of domestic partnership filed with the California Secretary of State or other documentary evidence of legal union with an active duty member of the Armed Forces. • A copy of the military orders establishing the applicant's spouse's or partner's duty station in California. 		
PROFESSIONAL LICENSE OR CERTIFICATION HISTORY		
11. Do you hold a current, active, and unrestricted license, or comparable authority to practice as a funeral director, embalmer, crematory manager, cemetery manager, or cemetery broker in another state, district, or territory of the United States?		YES* <input type="checkbox"/> NO <input type="checkbox"/>
<p>*If YES, please submit the following with this application to the Cemetery and Funeral Bureau (CFB):</p> <ul style="list-style-type: none"> • A copy of the applicant's current license type, registration, or other comparable authority to practice as a funeral director, embalmer, crematory manager, cemetery manager, cemetery broker in another state, district, or territory of the United States, including the number issued to the applicant by the original licensing jurisdiction, and relevant law(s) and regulation(s) under which the license was issued. • Written verification from the applicant's original licensing jurisdiction that the applicant's license, registration, or other comparable authority ("license") is in good standing in that jurisdiction. The verification shall include all of the following: <ul style="list-style-type: none"> ○ The full legal name of the applicant and any other name(s) the applicant has used or has been known by. ○ The license number issued to the applicant by the original licensing jurisdiction. ○ The name and location of the licensing agency. ○ The issuance and expiration date of the license. ○ Information showing that the applicant's license is currently in good standing. For the purposes of this section, "good standing" shall mean: <ul style="list-style-type: none"> ▪ The applicant has not been disciplined. 		

- The applicant is not the subject of an unresolved complaint or review procedure.
- The applicant is not the subject of any unresolved disciplinary proceeding.

APPLICANT'S BACKGROUND AND HISTORY

*With the exception of acts that would have constituted grounds for denial, suspension, or revocation due to criminal history (BPC sections 480 and 490), if you answer YES to any of the questions in this section, you must attach a written narrative that includes the incident date, location, and outcome. If disciplined by another regulatory body, ALL certified documents must be attached with a letter of explanation. Include any disciplinary actions by another state licensing board (in or outside of California), any agency of the federal government (U.S.), the U.S. Military or another country. Pursuant to Section 480 of the Business and Professions Code, the CFB is not authorized to require an applicant to disclose any information or documentation regarding the applicant's criminal history.

12. Have you ever committed an act or acts in any jurisdiction that would have constituted grounds for denial, suspension, or revocation of the license pursuant to Sections 141, 480, or 490 of the California Business and Professions Code?	YES* <input type="checkbox"/>	NO <input type="checkbox"/>
13. Have you ever been disciplined by a licensing entity in another jurisdiction?	YES* <input type="checkbox"/>	NO <input type="checkbox"/>
14. Are you the subject of an unresolved complaint, review procedure, or disciplinary proceeding conducted by a licensing entity in another jurisdiction?	YES* <input type="checkbox"/>	NO <input type="checkbox"/>

Type of Licensure	State or Country	License Number	Dates of Licensure		Current Status of License (active, inactive, suspended, revoked, probation, other, explain).
			FROM	TO	

ADDITIONAL EXPLANATIONS

16. If you need space for additional answers to any of the application questions, list the question number and provide additional information as needed.

APPLICATION CERTIFICATION

I hereby certify that I meets all the requirements for the temporary license, and that the information submitted in this application is accurate, to the best of my knowledge.

NOTICE: FALSIFICATION OR MISREPRESENTATION OF ANY ITEM OR RESPONSE ON THIS APPLICATION OR ANY ATTACHMENT HERETO IS GROUNDS FOR DENYING THE APPLICATION. IN ADDITION, ANY TEMPORARY LICENSE ISSUED AFTER THE APPLICATION IS PROCESSED WILL BE IMMEDIATELY TERMINATED UPON A FINDING THAT THE LICENSE HOLDER PROVIDED SUBSTANTIVELY INACCURATE INFORMATION THAT WOULD AFFECT THE PERSON'S ELIGIBILITY FOR TEMPORARY LICENSURE (BPC SECTION 115.6).

Signature

Print Name

Date

INFORMATION COLLECTION AND ACCESS

Except for the email address, the information requested herein is mandatory and is maintained by the Cemetery and Funeral Bureau (Bureau) 1625 North Market Blvd., Suite S208 Sacramento, CA 95834, (916) 574-7870, in accordance with Business and Professions Code (BPC) sections 7600 et seq. The Bureau collects the personal information requested on this form as authorized by BPC sections 27. The Bureau uses this information to identify and evaluate applicants for licensure, issue and renew licenses, and enforce licensing standards set by law and regulation.

Each individual has the right to review the personal information maintained by the agency unless the records are exempt from disclosure by the Information Practices Act, including Civil Code section 1798.40. The Bureau makes every effort to protect the personal information you provide us; however, it may be disclosed in response to a Public Records Act request as allowed by the Information Practices Act, to another government agency as required by state or federal law or Civil Code section 1798.24; or in response to a court or administrative order, a subpoena, or a search warrant. Failure to provide all of the information required by this application may result in your application being returned to you as incomplete.