



**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<br><b>FD</b>         |  |
| Address  | City              | State<br><b>CA</b>                  | Zip Code                               |
| Telephone Number<br>( )  | Fax Number<br>( ) | Contact Person for this Application |  |
| Name of Apprentice   |                   | Registration Number<br><b>AE</b>    |  |
| Managing Funeral Director  |                   | License Number<br><b>FDR</b>        |  |
| <b>SECTION B: MAIN OFFICE</b> (Must be within 60 miles of all shared establishments)                                 |                   |                                     |  |
| Establishment Name   |                   | License Number<br><b>FD</b>         |  |
| Address  | City              | State<br><b>CA</b>                  | Zip Code                               |
| <b>SECTION C: SHARED TRAINING FACILITIES</b>   |                   |                                     |  |
| Name of Training Establishment   |                   | License Number<br><b>FD</b>         | Miles from Main Office                 |
| Address  | City              | State<br><b>CA</b>                  | Zip Code                               |
| Name of Supervising Embalmer   |                   | License Number<br><b>EMB</b>        | Total Number of Apprentices Supervised |
| Name of Training Establishment   |                   | License Number<br><b>FD</b>         | Miles from Main Office                 |
| Address  | City              | State<br><b>CA</b>                  | Zip Code                               |
| Name of Supervising Embalmer   |                   | License Number<br><b>EMB</b>        | Total Number of Apprentices Supervised |
| Name of Training Establishment   |                   | License Number<br><b>FD</b>         | Miles from Main Office                 |
| Address  | City              | State<br><b>CA</b>                  | Zip Code                               |
| Name of Supervising Embalmer   |                   | License Number<br><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                                |  |



## NOTICE ON COLLECTION OF PERSONAL INFORMATION

### Collection and Use of Personal Information

The Cemetery and Funeral Bureau of the Department of Consumer Affairs collects the personal information requested on this form as authorized by Business and Professions Code Sections 30, 144, 7617.1, 7618, 7619, 7620, 7628, 7642, 7643, 7661, 7662, 7665, 7667, 9650, 9650.2, 9650.3, 9700, 9701, 9702.1, 9704, 9715, 9715.1, 9716, 9723, 9723.1, 9741, 9745, 9746, 9781, 9787.3 and the Information Practices Act. The Cemetery and Funeral Bureau uses this information principally to identify and evaluate applicants for licensure, issue and renew licenses, and enforce licensing standards set by law and regulation.

### Mandatory Submission

Submission of the requested information is mandatory unless otherwise noted on the form. The Cemetery and Funeral 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 Cemetery and Funeral 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).