



APPLICANT/EMPLOYEE DISCIPLINARY ACTION NOTIFICATION

SECTION A: APPLICANT/EMPLOYEE INFORMATION

This form must be completed by anyone who is employed by or seeks employment with, in any capacity, a licensed funeral establishment, a licensed cemetery, a licensed cemetery broker, and/or a licensed crematory and:

- 1) Who currently holds, or was named on, (owner, partner and/or corporate officer), a license or registration issued by the Cemetery and Funeral Bureau that has been revoked, suspended, placed on probation, or surrendered under a stipulated decision within the last 10 years;

and/or

- 2) Who has held, or was named on, (owner, partner and/or corporate officer), a license or registration issued by the Cemetery and Funeral Bureau that has been revoked, suspended, placed on probation, or surrendered under a stipulated decision within the last 10 years.

(Please print or type) (LAST)	(FIRST)	LICENSE NUMBER		
STREET ADDRESS		CITY	STATE	ZIP CODE

I certify under penalty of perjury under the laws of the State of California that all statements furnished in connection with this application are true and accurate.

SIGNATURE OF APPLICANT/EMPLOYEE

DATE

SECTION B: EMPLOYER INFORMATION

Form submitted to the Cemetery and Funeral Bureau by:

(Please print or type) (LAST)	(FIRST)	(MI)	DATE FORM RECEIVED
TITLE			LICENSE NUMBER
<input type="checkbox"/> Managing Funeral Director <input type="checkbox"/> Licensed Cemetery Manager			LICENSE EXPIRATION DATE
<input type="checkbox"/> Licensed Crematory Manager <input type="checkbox"/> Licensed Cemetery Broker			

SIGNATURE OF PERSON SUBMITTING FORM

DATE