



COURIER: 307-3450 Uptown Blvd. Victoria BC V8Z 0B9
MAIL: PO Box 9244 Victoria BC V8W 9J2
FAX: (250) 920-7181 **P:** (604) 320-1664 **TF:** 1 888 564.9963
 www.consumerprotectionbc.ca

**Crematorium Operator
 Licence Application**

TO BE COMPLETED BY APPLICANT ONLY

The personal information requested in this form and the results of the Criminal Record check are collected and retained under the authority of Section 26 (c) of the BC *Freedom of Information and Protection of Privacy Act* and Section 55 of the *Cremation, Interment and Funeral Services Act*. This information will be used to determine eligibility for licensing in the Province of British Columbia. **By signing this form you are authorizing Consumer Protection BC to obtain a credit report for the persons named below as part of this application.**

BUSINESS INFORMATION

1. Legal name:
(Exact name in CAPITAL LETTERS)
2. Trade/DBA names (if any):
(Exact name in CAPITAL LETTERS)
3. Physical address:
(Suite #, Street Address, City & Province/State Postal/Zip Code)
4. Mailing address:
(Suite #, Street Address, City & Province/State Postal/Zip Code)
5. Business type: corporation partnership sole proprietorship society
6. Office Telephone: (____) _____ Fax: (____) _____ Web: _____
7. Email: _____

If the applicant is a corporation, please complete the following:

Incorporation Date: _____ Jurisdiction: _____

Incorporation Number: _____

If the applicant is a partnership/proprietorship or is operating under Trade/DBA names, please complete the following:

Registration Date(s): _____ Jurisdiction: _____

Registration Number(s): _____

Note: Please include your British Columbia registration forms for an incorporated company and registration forms for each Trade/DBA name, partnership/proprietorship to be operating under this licence.

COMPLETE THE FOLLOWING IF THE APPLICANT IS A CORPORATION			
NAMES IN FULL OF SENIOR OFFICERS	RESIDENCE		POSITION HELD
	TELEPHONE	ADDRESS	
	()		<input type="checkbox"/> President <input type="checkbox"/> Treasurer <input type="checkbox"/> Secretary <input type="checkbox"/> Chief Operating Officer
	()		<input type="checkbox"/> President <input type="checkbox"/> Treasurer <input type="checkbox"/> Secretary <input type="checkbox"/> Chief Operating Officer
	()		<input type="checkbox"/> President <input type="checkbox"/> Treasurer <input type="checkbox"/> Secretary <input type="checkbox"/> Chief Operating Officer
	()		<input type="checkbox"/> President <input type="checkbox"/> Treasurer <input type="checkbox"/> Secretary <input type="checkbox"/> Chief Operating Officer

COMPLETE THE FOLLOWING IF THE APPLICANT IS A PARTNERSHIP/PROPRIETORSHIP

	RESIDENCE		
	TELEPHONE	ADDRESS	
	()		<input type="checkbox"/> Proprietor/Partner
	()		<input type="checkbox"/> Partner
	()		<input type="checkbox"/> Partner

1. Have you previously held a crematorium operator licence in any jurisdiction? Yes No
2. If **YES** above, were any of those licences ever suspended or cancelled? Yes No
3. Have you ever been refused a crematorium operator licence in any jurisdiction? Yes No
4. Have any of the individuals identified above had 2 or more bankruptcies? Yes No
5. Have any of the individuals identified above ever been convicted of an offence under the Criminal Code of Canada or any other statute? Yes No

If **YES** to questions 1 through 4 above, provide details on a separate sheet, including date(s) and location(s) and parties involved.

ALL APPLICANTS that reside in Canada **MUST** complete an online criminal record check within one day of sending this application to Consumer Protection BC by going to the following link: <http://www.sterlingtalentsolutions.ca/Consumer-Protection-BC> and following the instructions for completion. Please note that once complete, a copy will be sent directly to Consumer Protection BC.

ALL APPLICANTS that do not reside in Canada **MUST** submit a certified criminal record check from their home jurisdiction.

Please note that your application will not be processed until the criminal record check is received.

LICENSING INFORMATION

1. Is the crematorium located at the business address listed above? Yes No
If no, where is the crematorium located?
2. Included in this application is a document that is executed on behalf of the municipal council, regional board, or local trust committee as the case may be, in which the council, board or trust committee confirms that the proposed use is permitted by its bylaws, and the site and building plans for the crematorium have been approved by or on behalf of the municipal council, regional board, or the local trust committee as the case may be
3. Included in this application is a document signed by a professional engineer that certifies that:
 - i. the crematorium is constructed in accordance with the plans referred to in (2) above
 - ii. a test operation of the crematorium has been completed and the test demonstrated that the crematorium operates in accordance with the manufacturers specifications, the bylaws of the applicable local government and the laws of the Province.....
 - iii. the professional engineer has the necessary knowledge, skill, and experience to certify this document

4. **Senior Officer** who will have charge of the applicant's business at this location:

Name: _____
(Surname) (First Name) (Middle Names in Full)

General Manager Manager Director of Operations Other: _____

Phone Number (_____) _____ E-mail Address _____

5. **Administrative Contact (person to contact regarding licensing and related issues):**

Name: _____
(Surname) (First Name) (Middle Names in Full)

Phone Number (_____) _____ E-mail Address _____

6. **Complaints Contact (person to contact regarding consumer complaints):**

Name: _____
(Surname) (First Name) (Middle Names in Full)

Phone Number (_____) _____ E-mail Address _____

APPLICANT DECLARATION

I/We hereby confirm that the information supplied is complete and true to my best knowledge and belief.

Authorized signing officer of applicant:

Signature _____ Print Name _____

Date _____ Title _____

LICENCE APPLICATION FEES

Licence application fees for crematorium operators are located in the fee schedule. The fee schedule can be obtained from our website or by calling our office. Licence application fees are non-refundable.

APPLY USING CHEQUE OR MONEY ORDER

Mail completed form, applicable attachments and cheque or money order payable to Consumer Protection BC to:

**Consumer Protection BC
PO Box 9244
Victoria BC V8W 9J2**

**Courier: Consumer Protection BC
307-3450 Uptown Blvd.
Victoria, BC V8Z 0B9**

(a service charge will be levied on any dishonoured payments)

APPLY USING CREDIT CARD

Pay by credit card by including the credit card payment authorization form available at www.consumerprotectionbc.ca with your licence application form to the address above.

Licence application payments may be made using **VISA** , **MASTERCARD** or **AMERICAN EXPRESS**

INCOMPLETE APPLICATIONS WILL BE RETURNED UNPROCESSED

