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**FUNERAL DIRECTOR &
 EMBALMER**
 Notice of Transfer Form

Pursuant to Section 42 of the *Cremation, Interment and Funeral Services Regulation*, all licensees must inform the Director in writing immediately upon any change in employment status. All current licences must be returned to the Director upon ceasing employment.

Name of Funeral Director / Embalmer _____

Licence #: _____

Home Address: _____

Email: _____

PREVIOUS EMPLOYER

Name of Funeral Provider: _____ Licence # _____

Address: _____

Date Assignment Ended: _____

NEW ASSIGNMENT (IF APPLICABLE)

Name of Funeral Provider: _____ Licence # _____

Address: _____

Date Assignment Started: _____

I certify that the information in this document is true and correct to the best of my knowledge.

Funeral Director / Embalmer Signature: _____ Date: _____

New Employer Authorized Signature: _____ Date: _____

APPLICATION FEE (see [current fee schedule](#))

Pay by cheque or money order, or

Pay by Credit Card – complete [credit card authorization form](#) using Visa, Mastercard or American Express.

Application fees are non-refundable. A service charge will be applied for any dishonoured payments.

Send completed form and application fee by email.

Email: operations@consumerprotectionbc.ca