



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:** 1 888 777-4393
www.consumerprotectionbc.ca

**FUNERAL DIRECTOR / EMBALMER
 NOTICE OF TRANSFER FORM**

**\$FEE REQUIRED, PLEASE SEE
 CURRENT FEE SCHEDULE**

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 _____

Home Telephone # _____ E-Mail: _____

PREVIOUS EMPLOYER

 Name of Funeral Provider

Address _____ License # _____

Date Employment Ended: _____

NEW EMPLOYER

 Name of Funeral Provider

Address _____ Licence# _____

Date Commencing New Employment: _____

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 Authorizing Signature

PROCESSING

PLEASE MAIL OR FAX THIS FORM WITH APPLICABLE PAYMENT TO CONSUMER PROTECTION BC

CHEQUES: Payable to the Consumer Protection BC

CREDIT CARD: Include Consumer Protection BC credit card payment authorization form at www.consumerprotectionbc.ca

A service charge applies on dishonoured payments. Please see current fee schedule.





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Email: operations@consumerprotectionbc.ca
 www.consumerprotectionbc.ca

Credit Card Payment Authorization Form



To pay by credit card, please complete form and submit with your request.

Payment is for: _____ **Licence Number:** _____
 (E.g. Renewal, New Application, Changes, etc.) (if known)

Business Name: _____

Cardholder Name: _____

Billing Address: _____

Contact Phone: _____

Card Type: American Express MasterCard Visa

(Note: Only American Express, MasterCard and Visa are currently accepted)

Payment Option 1

Maximum payment authorized \$ _____

Payment Option 2

I authorize Consumer Protection BC to charge my credit card the necessary amount required to process my documents or to perform my required services.

Credit Card Number:

Expiry Date (m) (y)

CVV Number

Cardholder Signature: **X** _____

OFFICE USE ONLY	
Receipt #	_____
Date	_____
Amount	_____
Auth. #	_____

Privacy Statement: Your completion of this authorization form helps us to protect you from credit card fraud. All information entered on this form will be kept strictly confidential by Consumer Protection BC.