



Courier: 307-3450 Uptown Blvd. Victoria BC V8Z 0B9
Mail: PO Box 9244 Victoria B.C. V8W 9J2
Fax: 250.920.7181 **Ph:** 604.320.1664 **Toll free:** 1.888.654.9963
Email: operations@consumerprotectionbc.ca
 www.consumerprotectionbc.ca

**LICENCE
 APPLICATION
 FUNERAL DIRECTOR,
 EMBALMER OR BOTH**

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.

APPLICANT INFORMATION

1. Full name:
 (Exact name in CAPITAL LETTERS)
2. Home address:
 (Suite #, Street Address, City, Province, Postal Code)
3. Mailing address (if different than above):
 (Suite #, Street Address, City, Province, Postal Code)
4. Email: Home tel: (.....) Fax: (.....)
5. Birthdate: / /
 YYYY MM DD
6. Application is for:
 Funeral Director:.....
 Embalmer:.....
 Both Funeral Director and Embalmer:

COMPLETE IF APPLYING FOR FUNERAL DIRECTOR LICENCE

1. I have a current licence or certification issued in another Canadian jurisdiction Yes No
 If yes, please attach copy of current documentation and proceed to Embalmer application if required. (You do not need to answer questions 2 – 5.)
2. I have graduated from an educational program in funeral directing Yes No
 If YES, give the name of the institution and attach certificate evidencing graduation.

 If NO, please complete question 3.
3. Are you applying for reinstatement of a BC funeral director licence which lapsed less than two years ago? ... Yes No
 If YES, please provide your previous licence number:
 If NO, please contact the Consumer Protection BC licensing office as you likely do not qualify for a funeral director licence.
4. Enclose three (3) letters of reference, one of which must be from an employer or former employer who is a funeral provider and who can attest to the competency of the applicant as a funeral director.
5. Employment Record (Covering the last five years.)

| Name of Employer | Address of Employment | Date of Employment | |
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COMPLETE IF APPLYING FOR EMBALMER LICENCE

1. I have a current licence or certification issued in another Canadian jurisdiction Yes No

If yes, please attach copy of current documentation. (You do not need to answer questions 2 – 5.)

2. I have graduated from an educational program in embalming? Yes No

If YES, give the name of the institution and attach certificate evidencing graduation.

.....

If NO, please complete question 3.

3. Are you applying for reinstatement of a BC embalmer licence which lapsed less than two years ago? Yes No

If YES, please provide your previous licence number:

If NO, please contact the CONSUMER PROTECTION BC licensing office as you likely do not qualify for an embalmer licence.

4. Enclose three (3) letters of reference, one of which must be from an employer or former employer who is a funeral provider and who can attest to the competency of the applicant as an embalmer.

5. Employment Record (Covering the last five years.)

| Name of Employer | Address of Employment | Date of Employment | | |
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ALL APPLICANTS COMPLETE THIS SECTION

1. Have you been licensed as a funeral director and/or embalmer in BC or any other jurisdiction? Yes No

If yes, where? _____ Licence number: _____

2. Have you ever been refused a funeral director and/or embalmer licence BC or any other jurisdiction? Yes No

If yes, where? _____

3. Have you ever had a funeral director and/or embalmer licence revoked or suspended in BC or any other jurisdiction? Yes No

If yes, where? _____

4. Have you ever been convicted of an offence under the *Criminal Code of Canada* or any other statute? Yes No

If **YES** to questions 1-3 above, provide details on a separate sheet, including date(s), location(s), and by what Authority.

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.

APPLICANT DECLARATION

I declare that:

1. I am the applicant in this application, which I have signed; and
2. I hereby apply for my funeral director and/or embalmer licence under the *Cremation, Interment and Funeral Services Act* of British Columbia. I confirm that the information contained in this application is true and correct;
3. I have read the *Cremation, Interment and Funeral Services Act* and the Cremation, Interment and Funeral Services Regulations;

Signature _____ Print Name: _____

Date: _____

EMPLOYER DECLARATION

The foregoing application is hereby recommended. Dated this _____ day of _____, _____
(Date) (Month) (Year)

Authorized signing officer of funeral provider

Funeral Provider Name (As licensed)

Print Name and Title of Signing Officer

Telephone: () _____ Fax: () _____

Business Address (**Location where applicant will be licensed**) (Street Address, Suite, City, Province & Postal)

LICENCE APPLICATION FEES

See the funeral director and embalmers fee schedule at www.consumerprotectionbc.ca for application fees.

Licence application fees are non-refundable.

APPLY USING CHEQUE OR MONEY ORDER

Mail completed form, applicable attachments and cheque or money order payable to the **CONSUMER PROTECTION BC** to:

Consumer Protection BC
PO Box 9244
Victoria BC V8W 9J2

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

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

APPLY USING CREDIT CARD

You may fax your completed application form, applicable attachments and a credit card payment authorization form available at www.consumerprotectionbc.ca to:

Consumer Protection BC
FAX: 250 920-7181

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

INCOMPLETE APPLICATIONS WILL BE RETURNED UNPROCESSED



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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:

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Expiry Date (m)

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CVV Number

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Cardholder Signature: **X** _____

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|------------------------|-------|
| 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.