



**COURIER:** 321-3600 Uptown Blvd. Victoria, BC V8Z 0B9  
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**APPRENTICE EMBALMER  
 AND/OR APPRENTICE  
 FUNERAL DIRECTOR  
 Notice of Change Form**

**Apprentice: You must immediately notify Consumer Protection BC in writing, when you cease employment, change employers or change supervisors. Failure to complete this form could result in a suspension of your apprenticeship.**

Name of Apprentice: \_\_\_\_\_

Email: \_\_\_\_\_

**PREVIOUS ASSIGNMENT**

Name of Funeral Provider: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Previous Sponsoring Supervisor: \_\_\_\_\_ Licence # \_\_\_\_\_

Date Assignment Ended: \_\_\_\_\_

**NEW ASSIGNMENT (IF APPLICABLE)**

Name of Funeral Provider: \_\_\_\_\_  
*where training is to be conducted*

Address: \_\_\_\_\_

Name of New Sponsoring Supervisor: \_\_\_\_\_ Licence # \_\_\_\_\_

Date Assignment Started: \_\_\_\_\_

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

Apprentice's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note to New Supervisor:**

**Please complete the "Apprenticeship Supervisor Declaration" and return with this Notice of Change Form.**

A copy of this form will be forwarded to the Funeral Service Association of BC for the purpose of administering the Funeral Service Apprenticeship Program.

Send completed form by email.

Email: [operations@consumerprotectionbc.ca](mailto:operations@consumerprotectionbc.ca)