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A Refrigeration Agreement Declaration is required if you are a **receiver of refrigeration services** from another licensed funeral provider of a **different legal entity**.

RECEIVER OF REFRIGERATON SERVICE (Section A) Licence #: Business Name: Address: Distance from your licensed location to the refrigeration facility, identified in section B: (KM) # of refrigeration spaces you will receive from the funeral service provider specified in Section B of this declaration: I/we certify that the information contained in this Refrigeration Agreement Declaration is true and correct. I/we acknowledge that providing false or misleading information is an offence under section 189(5)(a) of the Business Practices and Consumer Protection Act and may result in prosecution under the Act and/or licensing actions and administrative monetary penalties. Signature: Date:_____ Title: Name: PROVIDER OF REFRIGERATON SERVICE (Section B) Business Name: _____ Licence #: ______ Address: Have there been any changes to the facility of refrigeration space since you last declared? Que Yes No (If yes, please submit photographic proof of inside unit indicating total capacity.) Total amount of refrigeration spaces available at our facility: # of refrigeration spaces you will provide to the funeral service provider specified in Section A of this declaration: Other funeral service providers (of different entity), if any, for which you provide refrigeration services: Name of funeral service provider Licence number City # of spaces guaranteed

I/we will provide refrigeration services for the funeral service provider specified in Section A of this declaration.

I/we acknowledge that the refrigeration for the sheltering of human remains meets the minimum standards:

- 1. is distinct from the room used for preparation and embalming and is not used for purposes other than storage of human remains.
- 2. is thermodynamically controlled and capable of maintaining an interior temperature of 9 degrees Celsius or 48 degrees Fahrenheit while loaded with the maximum number of bodies for which it is designed.

I/we certify that the information contained in this Refrigeration Agreement Declaration is true and correct. I/we acknowledge that providing false or misleading information is an Offence under section 189(5)(a) of the Business Practices and Consumer Protection Act and may result in prosecution under the Act and/or licensing actions and administrative monetary penalties.

Signature:		
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Name:		

Date:_____

Title: