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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 electronically deleted upon ceasing employment.

Name of Funeral Director / Embalmer _____

Licence #: _____

Home Address: _____

Email: _____

Is this a change of address or contact email? Yes No

If Yes, please provide: Old email address _____ New email address _____

Old mailing address _____ New mailing address _____

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: _____

TRANSFER 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