



**Instructions**

- PRINT OR TYPE** all information in BLACK.
- Attach the Sales Representative licence to this form except for a change of residence address. If you have not attached your licence, you must provide an explanation on section 9.**

**Note:** If an employee has been terminated for sixty days or more, a Transfer will not be accepted. An employee must then file a new application for a Sales Representative licence with the appropriate fee.

**Check One:**

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|--|--|
| <input type="checkbox"/> Name change (complete sections 1,2 & 9)     | <input type="checkbox"/> Transfer (complete sections 1,3,4,7 & 9)              |
| <input type="checkbox"/> Termination (complete sections 1,6,7,8 & 9) | <input type="checkbox"/> Change of residence address (complete sections 1 & 5) |

FOR BAO OFFICE USE ONLY	
Licence/Site number	
Checked By:	Date (yyyy/mm/dd):
Approved By:	Date (yyyy/mm/dd):
Employer licence number	

**1. Applicant details**

Last Name	First Name	Middle Name	Sales representative licence no.
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**Residential address**

Unit/Suite/Apt	Street Number	Suffix	Street Name	Street Type	Direction
PO Box	Station	Rural Route	Lot/Part/Block/Section	Concession/Plan	
City/Town/Municipality		Province	County/District	Postal Code	
Telephone Number (include area code)		Fax Number (include area code)	Email Address		

**2. Name change (Note: Copy of Birth Certificate, or Name Change Certificate must be attached)**

New Name	Old Name
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**3. Transfer of employee**

Last employer's information	
Business name	Termination date (yyyy/mm/dd)
Cemetery or crematorium name	Operator licence no.

**Cemetery address**

Unit/Suite/Apt	Street Number	Suffix	Street Name	Street Type	Direction
PO Box	Station	Rural Route	Lot/Part/Block/Section	Concession/Plan	
City/Town/Municipality		Province	County/District	Postal Code	
Telephone Number (include area code)		Fax Number (include area code)	Email Address		

**4. New employer's information**

Business name	Starting date (yyyy/mm/dd)
Cemetery or crematorium name	Operator licence no.

**Cemetery address**

Unit/Suite/Apt	Street Number	Suffix	Street Name	Street Type	Direction
PO Box	Station	Rural Route	Lot/Part/Block/Section	Concession/Plan	
City/Town/Municipality		Province	County/District	Postal Code	
Telephone Number (include area code)		Fax Number (include area code)	Email Address		

I hereby certify that I have fully discussed my termination and start dates with my future employer and that the dates given here are correct.

Sales Representative's Signature

New Employer's Signature	Print Employer's Name	Title
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**5. Change of residence address**

New residence address

Unit/Suite/Apt	Street Number	Suffix	Street Name	Street Type	Direction
PO Box	Station	Rural Route	Lot/Part/Block/Section	Concession/Plan	
City/Town/Municipality		Province	County/District	Postal Code	
Telephone Number (include area code)		Fax Number (include area code)	Email Address		

Mailing address (if different from residence address)

Unit/Suite/Apt	Street Number	Suffix	Street Name	Street Type	Direction
PO Box	Station	Rural Route	Lot/Part/Block/Section	Concession/Plan	
City/Town/Municipality		Province	County/District	Postal Code	

**6. Termination of employment**

Business name of employer	Termination date (yyyy/mm/dd)	
Name of office manager	Signature	Title
Cemetery Name	Licence No.	
Telephone Number (include area code)	Fax Number (include area code)	E-mail address

## Cemetery address

Unit/Suite/Apt	Street Number	Suffix	Street Name	Street Type	Direction
PO Box	Station	Rural Route	Lot/Part/Block/Section	Concession/Plan	
City/Town/Municipality		Province	County/District	Postal Code	

**7. Was the sales representative a partner, director or shareholder in the business? If yes a Notice of Business Change form should be completed.**

Yes  No

**8. Provide reasons for termination if you think they are relevant to the sales representative's future licence status**

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Employer's signature

Title

Date (yyyy/mm/dd)

**9. Provide an explanation for failure to return licence**

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Sales representative's signature

Date (yyyy/mm/dd)

Official/ Manager/ Employer's signature

Title

Date (yyyy/mm/dd)

**Warning:** It is an offence to provide false information on this notice and any attachments.

**Attach additional page if space insufficient**

## Notice and consent of applicants under applicable privacy laws

This application form is governed by the *Funeral, Burial and Cremation Services Act, 2002* ("Act") and its Regulations. The application form and content have been approved by the Registrar. The Registrar may refuse to issue a licence or renew a licence in circumstances set out in the Act. Such circumstances include the past conduct of the applicant in relation to whether the Act and Regulations may be breached.

Therefore, I/we understand that the Bereavement Authority of Ontario (BAO) collects and uses this information to process this application to verify the information provided on this form and to determine in accordance with the Act and the Regulations whether a licence should be issued, renewed or revoked. Without limiting the generality of the foregoing, I/we understand that the collection/disclosure may include information from the Canadian Police Information Centre (C.P.I.C).

In addition, this information may, in the Registrar's discretion, be disclosed to organizations in or out of Ontario including: licensing or regulatory authorities, government regulators or other law enforcement agencies, professional and industry associations.

I/we also understand that the information collected pursuant to this application and in relation to the conduct as a licensee under the *Funeral, Burial and Cremation Services Act, 2002*, may be shared with regulating authorities and/or law enforcement agencies in or out of Ontario and that such information may be used in determining my/our licence status in this and other jurisdictions in which I am/we are licensed or have/has applied to be licensed.

I/we also understand the BAO may also use this information for the purpose of conducting quality assurance surveys and other similar programs and may contact me/us for such a purpose either directly or through an agent.

I/we understand the BAO may also disclose to the public by telephone, in writing or any other manner, including the internet, my/our licence information including but not limited to: licence number, licence type and status, applicable dates, business name, business/contact person, business/contact address, business/contact telephone number, business/contact facsimile number and business e-mail address.

I/we consent to the collection, use and disclosure of information for the purposes stated above and to determine whether I/we are and remain qualified for licensing in all jurisdictions.

I/we also certify that the information provided is, to the best of my/our knowledge and belief, true.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Signature of Applicant

Print Name in Full

**The official who can answer questions about the collection of this information on this application is:**

**The Registrar, *Funeral, Burial and Cremation Services Act, 2002***

Bereavement Authority of Ontario  
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