



Application Class:		<input type="checkbox"/> Funeral Director – Class 1 (embalming) (\$250)	<input type="checkbox"/> Transfer Service Sales Representative (\$250)
		<input type="checkbox"/> Funeral Director – Class 2 (non-embalming) (\$250)	<input type="checkbox"/> Funeral Preplanner (\$250)
Applicant Type:		<input type="checkbox"/> Ontario FSE Program graduate	<input type="checkbox"/> Licensed outside of Ontario (province/state/country):
(Select only one)		<input type="checkbox"/> Reinstatement of Ontario Licence	_____
<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>	<i>Date of Birth (MM/DD/YY)</i>
Name on Wall Licence			
	<i>First Name</i>	<i>Middle (Optional)</i>	<i>Last Name</i>
Residence Address:		Residence phone:	
City / Prov / Postal Code:		Cell phone:	
Email:	Address Preference:		<input type="checkbox"/> Business <input type="checkbox"/> Residence
I have passed the following: <input type="checkbox"/> Entry-to-Practice Examination (Licensing & Jurisprudence) <input type="checkbox"/> Jurisprudence Examination			
I have submitted my Police Record Check to the BAO office: <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain: _____			
I am legally entitled to work in Canada: <input type="checkbox"/> Yes <input type="checkbox"/> No I will be employed in funeral service: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Business Name (primary employer):			
Business Address:			
City/Province:		Employment start date (MM/DD/YY):	
Declaration: Have you ever been found guilty or convicted of an offence under any laws or are any charges pending against you? This includes instances where a conditional or absolute discharge or pardon has been granted and proceedings under the <i>Youth Criminal Justice Act</i> or any of its predecessor legislation. If yes, attach details of the conviction(s) and/or charge(s) (i.e. date and nature of conviction or charge, and a copy of the incident report or disclosure brief). <i>Highway Traffic Act</i> offences are excluded.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Consent: I agree that in order to complete my application, it may be necessary for the Registrar to collect or exchange information from, or with various persons or entities, including myself. I understand this information will be used to determine whether I am and remain qualified for a licence or to ensure compliance with the <i>Funeral, Burial and Cremation Services Act, 2002</i> , or successor legislation. I agree to furnish to the Registrar any required authorization or release to obtain information. I consent to the collection and sharing of information and I understand that my consent remains ongoing during the licensure process and throughout the term of my licence.			

Name of Applicant

Signature of Applicant

Date Signed

PRIVACY STATEMENT: The information collected on this form is used for the purpose of regulating funeral directors, funeral establishments, funeral preplanners, transfer service operators, and transfer service sales representatives. The immediate purpose for collecting this information is primarily to administer an appropriate internship program and to help in the registration and licensing of qualified applicants. For more information, see the Privacy and Access Code at www.thebao.ca.