

|   |                  |                    |   |
|---|------------------|--------------------|---|
| <b>Ontario Regulation 30/11 made under the <i>Funeral, Burial and Cremation Services Act, 2002</i> permits a person to be in charge of the day-to-day operations of more than one business or more than one business location if the consent of the Registrar is first obtained.</b>  |                  |                    |   |
| <b>Person requesting and authorizing change:</b>  |                  |                    | Check One:<br><input type="checkbox"/> Operator<br><input type="checkbox"/> Position: _____ |
|   | First name       | Last name          |   |
| Date (mm/dd/yyyy):  |                  | Signature:         |   |
| <b>Name of Licensee to Manage:</b>  |                  |                    | Licence Number:   |
|   | First name       | Last name          |   |
| Proposed Effective Date (mm/dd/yyyy) :  |                  |                    | Licence Class:  |
| <b>Location #1</b>  |                  |                    |   |
| Establishment Name:   |                  |                    | Licence Number:   |
| Current Manager of Location #1  |                  |                    | Licence Number:   |
|   | First name       | Last name          |   |
| <b>Location #2</b>  |                  |                    |   |
| Establishment Name:   |                  |                    | Licence Number:   |
| Current Manager of Location #2:   |                  |                    | Licence Number:   |
|   | First name       | Last name          |   |
| <b>Location #3</b>  |                  |                    |   |
| Establishment Name:   |                  |                    | Licence Number:   |
| Current Manager of Location #3:   |                  |                    | Licence Number:   |
|   | First name       | Last name          |   |
| <b>Details of Business</b>  | Location #1      | Location #2        | Location #3   |
| # of Calls*   |                  |                    |   |
| Distance  | From #1 to #2 km | From #2 to #3 km   | From #3 to #1 km  |
| *Number of Calls reported on the last renewal form for Nov. 1 to Oct. 31 of the previous year.  |                  |                    |   |
| <b>Full Time Employees</b>  | Location #1      | Location #2        | Location #3   |
| # FD-Class 1  |                  |                    |   |
| # FD-Class 2  |                  |                    |   |
| # FPP   |                  |                    |   |
| # TSSR  |                  |                    |   |
| # FD Interns  |                  |                    |   |
| # FPP Interns   |                  |                    |   |
| # TSSR Interns  |                  |                    |   |
| # Unlicensed  |                  |                    |   |
| <b>Total Personnel</b>  |                  |                    |   |
| Signature of Licensee to Manage:  |                  | Date (mm/dd/yyyy): |   |
| <b>PRIVACY STATEMENT</b> 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. For more information, see the BAO's Privacy and Access Code at <a href="http://www.thebao.ca">www.thebao.ca</a> . |                  |                    |   |