



## STUDENT SALESPERSON'S REGISTRATION APPLICATION

Funeral and Cremation Services Council of Saskatchewan (FCSCS)  
3847C Albert St., Regina, SK S4S 3R4 Phone: (306) 584-1575 or toll free 1-800-892-0116,  
Fax: (306) 584-1576 Email: [administration@funeralinfo.ca](mailto:administration@funeralinfo.ca) Website: [www.funeralinfo.ca](http://www.funeralinfo.ca)

I certify the following information is true and accurate and give permission for the council to verify any statements and information given on this application.

Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(City) (Province) (Postal Code)

Home # (\_\_\_\_) \_\_\_\_\_ Business # (\_\_\_\_) \_\_\_\_\_ Fax # (\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_) \_\_\_\_\_

Personal Email: \_\_\_\_\_

Work Email: \_\_\_\_\_

Employed at \_\_\_\_\_; Address \_\_\_\_\_  
(Funeral Home licensed in Saskatchewan)

I will be supervised during my training period by:

\_\_\_\_\_  
*Licensed Salesperson Signature* *Licensed Salesperson Printed Name*

Please enclose the following:

- A current criminal record check
- Payment

\_\_\_\_\_  
*(Applicant's Signature)* *(Date)*