



LICENSE APPLICATION FOR AN OWNER'S LICENSE FOR A TRANSFER SERVICE

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 Website: www.funeralinfo.ca

I, _____; being a:
(Name Registered with Provincial Corporations Branch)

Check applicable box () corporation partnership sole proprietorship pursuant to the laws of the Province of Saskatchewan and carrying on business under the firm name of

_____ at _____
(Print Name) (Street Address)

_____, _____ in _____ in the Province of Saskatchewan.
(Mailing Address) (Postal Code) (City)

Phone # (____) _____, Cell # (____) _____, Fax # (____) _____,

Email: _____

make this application to the council to be licensed as a transfer service owner pursuant to *The Funeral and Cremation Services Act*, subsections 2(v) and 72(b).

In support of this application I provide the following information:

1. Name of the Officer or Director responsible for directly communicating with the council _____
(Name)
2. Name of the individual responsible for the management of the transfer service _____
(Name)
3. The facility's business office is located at _____, in _____
4. Record storage area - on site off site at _____

Please enclose the following:

- Certificate of Insurance
- Payment

Print Name and Title

Date