



Professional Fiduciaries Bureau

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 West Sacramento, CA 95798-9005
 Telephone: (916) 574-7340 FAX (916) 574-8645
 Website: www.fiduciary.ca.gov



Department Use Only	
ID # _____	
Receipt # _____	
Fee Paid \$ _____	

LICENSING APPLICATION PROFESSIONAL FIDUCIARY

The licensing application must be filled out completely in order to process. You must provide a written explanation for affirmative answers when required. Failure to do so will result in the application being deemed incomplete.

PART 1. PERSONAL/BUSINESS INFORMATION

NAME Last	First	Middle
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BUSINESS NAME OR AFFILIATION: (Optional)

TYPE OF FIDUCIARY: **Select all that apply.**
 Conservator Guardian Trustee Agent Under Durable Power of Attorney Other: _____

BUSINESS ADDRESS: (Physical address)

Number and Street

City	State	Zip Code
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Business Telephone	Business FAX	E-mail (Optional)
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ADDRESS OF PUBLIC RECORD: (If different than above)

Number and Street

City	State	Zip Code
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HOME ADDRESS: (Physical address)

Number and Street

City	State	Zip Code
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Home Telephone	Home FAX	E-mail (Optional)
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DATE OF BIRTH:

Social Security Number (SSN) or ITIN:

Have you ever served in the United States military?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Are you a United States citizen or legally admitted to the United States?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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PART 2. OTHER LICENSES AND CERTIFICATES

Have you ever been issued a license or professional certificate in any state, territory, province, foreign country or U.S. federal jurisdiction?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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If YES, provide the following information for each license or certificate. (Attach additional sheets as needed.)

Type	State/Country	
License/Certificate #	Date Issued (mm/dy/year)	Status

Has this license or certificate ever been revoked, suspended, or subject to discipline?		<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, you may attach a statement of explanation		Attached? <input type="checkbox"/> YES
Type		State/Country
License/Certificate #	Date Issued (mm/dy/year)	Status
Has this license or certificate ever been revoked, suspended, or subject to discipline?		<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, you may attach a statement of explanation		Attached? <input type="checkbox"/> YES

PART 3. BANKRUPTCY

Have you filed for bankruptcy within the last 10 years or held a controlling financial interest in a business when that business filed for bankruptcy within the last 10 years?		<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, you may attach a statement of explanation		Attached? <input type="checkbox"/> YES

PART 4. PRELICENSING EDUCATION

You must list the following information for each approved education course taken to complete the 30 hours of required prelicensing education credit. (Attach additional sheets as needed.)

Approved Education Provider	Subject Matter
Course Provider (If different than above)	
Date Completed (mm/dy/year)	Credit Hours Completed
Approved Education Provider	Subject Matter
Course Provider (If different than above)	
Date Completed (mm/dy/year)	Credit Hours Completed
Approved Education Provider	Subject Matter
Course Provider (If different than above)	
Date Completed (mm/dy/year)	Credit Hours Completed
Approved Education Provider	Subject Matter
Course Provider (If different than above)	
Date Completed (mm/dy/year)	Credit Hours Completed

PART 5. EDUCATION AND EXPERIENCE QUALIFICATIONS

Select from the following education and experience qualifications for licensing.

A baccalaureate degree of arts or sciences from a college or university accredited by a nationally recognized accrediting body of colleges and universities or a higher level of education.

An associate of arts or sciences degree from a college or university accredited by a nationally recognized accrediting body of colleges and universities, and at least three years of experience working as a professional fiduciary or working with substantive fiduciary responsibilities for a professional fiduciary, public agency, or financial institution acting as a conservator, guardian, trustee, personal representative, or agent under a power of attorney.

Experience of not less than five years prior to July 1, 2012, working as a professional fiduciary or working with substantive fiduciary responsibilities for a professional fiduciary, public agency, or financial institution acting as a conservator, guardian, trustee, personal representative, or agent under a power of attorney.

EDUCATION

If your selection involves a qualified baccalaureate or associate of arts or science degree, provide the following information. List the most recent degree earned first.

Name of University/College	Date of Graduation (mm/dy/year)	Degree
Name of University/College	Date of Graduation (mm/dy/year)	Degree

EXPERIENCE

If your selection involves experience working as a professional fiduciary or working with substantive fiduciary responsibilities as selected above, you must provide specific information regarding your applicable experience. You must also provide contact information for at least three references for verification, and you must consent to the Bureau contacting the references for verification. You may provide a separate attachment if needed.

Specific information regarding your experience	Dates of experience: (month/year to month/year)
Specific information regarding your experience	Dates of experience: (month/year to month/year)
Specific information regarding your experience	Dates of experience: (month/year to month/year)

REFERENCES

1. Provide the following information for three references to verify your experience:

Name	Relation to Reference
Contact Information (Mailing Address and Telephone Number)	
Name	Relation to Reference
Contact Information (Mailing Address and Telephone Number)	
Name	Relation to Reference
Contact Information (Mailing Address and Telephone Number)	

2. Do you consent to the Bureau contacting the references listed above for the purpose of verifying your indicated experience? YES NO

PART 6. CONVICTIONS AND FIDUCIARY ACTIONS

CONVICTIONS

Omitting minor traffic violations resulting in a fine of \$499 or less, have you ever been convicted of, or pled guilty or nolo contendere to, any violation of any federal or state statute, city or county ordinance, or law of a foreign country? This includes all misdemeanor and felony convictions. (Any conviction that was subsequently dismissed pursuant to Penal Code section 1203.4 must also be disclosed. However, you need not disclose crimes or convictions excluded by the provisions or Penal Code section 19.8.)	<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, you may attach a statement of explanation	Attached? <input type="checkbox"/> YES

FIDUCIARY ACTIONS

SECTION 1. BREACH OF FIDUCIARY DUTY

Have you ever been found by a court to have breached a fiduciary duty?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
If YES, provide the following data associated with the breach of fiduciary duty for each specific case: (Attach additional sheets as needed.)			
Case Name	Case #	Court Location	Date of Breach (mm/dy/year)
You must provide copies of the court findings and orders related to this case.			Attached? <input type="checkbox"/> YES
You may provide a statement of the issues and facts pertaining to this case.			Attached? <input type="checkbox"/> YES
Case Name	Case #	Court Location	Date of Breach (mm/dy/year)
You must provide copies of the court findings and orders related to this case.			Attached? <input type="checkbox"/> YES
You may provide a statement of the issues and facts pertaining to this case.			Attached? <input type="checkbox"/> YES

SECTION 2. REMOVAL

Have you ever been removed as a fiduciary by a court for breach of trust? YES NO

If YES, provide the following data associated with the removal for each specific case: (Attach additional sheets as needed.)

Case Name	Case #	Court Location	Date of Removal (mm/dy/year)	
You must provide copies of the court findings and orders related to this case.			Attached? <input type="checkbox"/> YES	
Is there a pending appeal on your removal?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Have all related appeals been taken?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Has the time for appeal expired?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
You may provide a statement of the issues and facts pertaining to this case.			Attached? <input type="checkbox"/> YES	
Case Name	Case #	Court Location	Date of Removal (mm/dy/year)	
You must provide copies of the court findings and orders related to this case.			Attached? <input type="checkbox"/> YES	
Is there a pending appeal on your removal?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Have all related appeals been taken?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
Has the time for appeal expired?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
You may provide a statement of the issues and facts pertaining to this case.			Attached? <input type="checkbox"/> YES	
SECTION 3. RESIGNATION				
Have you ever resigned as a fiduciary in a matter in which a complaint* has been filed with the court?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
If YES, provide the following data associated with the resignation for each specific case: (Attach additional sheets as needed.)				
Case Name	Case #	Court Location	Date Complaint Filed	Date of Resignation (mm/dy/year)
You must provide a statement of the issues and facts pertaining to the allegations for this case.			Attached? <input type="checkbox"/> YES	
You must provide copies of the court findings and orders relating to this case.			Attached? <input type="checkbox"/> YES	
Case Name	Case #	Court Location	Date Complaint Filed	Date of Resignation (mm/dy/year)
You must provide a statement of the issues and facts pertaining to the allegations for this case.			Attached? <input type="checkbox"/> YES	
You must provide copies of the court findings and orders relating to this case.			Attached? <input type="checkbox"/> YES	
SECTION 4. SETTLEMENT				
Have you ever settled as a fiduciary in a matter in which a complaint* has been filed with the court?			<input type="checkbox"/> YES <input type="checkbox"/> NO	
If YES, provide the following data associated with the settlement for each specific case: (Attach additional sheets as needed.)				
Case Name	Case #	Court Location	Date Complaint Filed	Date of Settlement (mm/dy/year)
You must provide a statement of the issues and facts pertaining to the allegations for this case.			Attached? <input type="checkbox"/> YES	
You must provide copies of the court findings and orders relating to this case.			Attached? <input type="checkbox"/> YES	
Case Name	Case #	Court Location	Date Complaint Filed	Date of Settlement (mm/dy/year)
You must provide a statement of the issues and facts pertaining to the allegations for this case.			Attached? <input type="checkbox"/> YES	
You must provide copies of the court findings and orders relating to this case.			Attached? <input type="checkbox"/> YES	
PART 7. AFFIDAVIT				
Please read and sign the following:				
I, _____, hereby attest to the fact that I am the applicant whose signature appears below. I understand that falsification of the information on this form may constitute grounds for denial, suspension, or revocation of the license. I hereby certify under penalty of perjury under the laws of the State of California to the truth and accuracy of all statements, answers, and representations made in this application, including all supplementary statements. I certify that I have read and understand the instructions accompanying this application. Furthermore, I consent to the Bureau conducting a credit check for the application review process. Finally, I agree to adhere to the Professional Fiduciaries Code of Ethics and to all applicable statutes and regulations.				
Signature of Applicant			Date	

*A complaint means a civil complaint, a petition, motion, objection, or other pleading filed with the court against the licensee alleging the licensee has not properly performed the duties of a fiduciary.

NOTICE: Effective July 1, 2012, the State Board of Equalization and the Franchise Tax Board may share taxpayer information with the Bureau. You are obligated to pay your State tax obligation and your license may be suspended if the State tax obligation is not paid.