



PROFESSIONAL FIDUCIARIES BUREAU

Professional Fiduciaries Bureau

1625 North Market Blvd., Suite S-209

Sacramento, CA 95834

Phone: (916) 574-7340 FAX (916) 574-8645

Website: www.fiduciary.ca.gov

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Fee Paid \$ _____

LICENSING APPLICATION

Complete this application in full and 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

Last Name

First Name

Middle Name

Business Name or Affiliation: (Optional)

BUSINESS ADDRESS: (Physical address)

Number and Street

City

State

Zip Code

Business Phone

Business FAX

E-mail (Optional)

ADDRESS OF PUBLIC RECORD: (If different than above)

Number and Street

City

State

Zip Code

HOME ADDRESS: (Physical address)

Number and Street

City

State

Zip Code

Home Phone

Home FAX

E-mail (Optional)

Date of Birth:

Social Security Number (SSN) or ITIN:

Business and Professions Code section 115.4 states that the Bureau must expedite, and may assist, the initial licensure process for an applicant who supplies satisfactory evidence they have served as an active-duty member of the U.S. armed forces and were honorably discharged.

Are you a veteran of the U.S. armed forces who was honorably discharged?

If you select YES, you must attach evidence of your status as an honorably discharged veteran. Failure to do so may result in application review delays.

☐ YES ☐ NO

| | | |
|---|---------------------------------|--|
| <p>Business and Professions Code section 115.5 states that the Bureau must expedite, and may assist, the initial licensure process for an applicant who supplies satisfactory evidence that they have a comparable license in another state and are married to, or are in a domestic partnership or legal union with, an active-duty member of the U.S. armed forces who is assigned to a duty station in this state under active-duty military orders.</p> <p><i>Do both the following statements apply to you?</i></p> <p>You hold a comparable license in another state.</p> <p>You are married to, or in a domestic partnership or legal union with, an active-duty member of the U.S. armed forces who is assigned to a duty station in California under active-duty military orders.</p> <p>If you select YES, you must attach: 1) evidence of your comparable license from another state, and 2) evidence that you are married to, or in a domestic partnership or legal union with, an active-duty military member. Failure to do so may result in application review delays.</p> | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <p>Business and Professions Code section 115.4 states, as of July 1, 2024, the Bureau shall expedite the initial licensure process for an applicant who is an active-duty member of the U.S. armed forces and enrolled in the Department of Defense SkillBridge program.</p> <p>Do you request expediting of your application under this authority?</p> <p>If you select YES, you must attach documentation of enrollment to this application.</p> | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <p>Are you a United States citizen or legally admitted to the United States?</p> | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <p>Business and Professions Code section 135.4 states that the Bureau must expedite, and may assist, the initial licensure process for certain applicants described below.</p> <p><i>Do any of the following statements apply to you?</i></p> <p>You were admitted to the United States as a refugee pursuant to section 1157 of title 8 of the United States Code.</p> <p>You were granted asylum by the U.S. secretary of Homeland Security or the U.S. attorney general pursuant to section 1158 of title 8 of the United States Code.</p> <p>You have a special immigrant visa and were granted a status pursuant to section 1244 of Public Law 110–181, Public Law 109–163, or section 602(b) of title VI of division F of Public Law 111–8, relating to Iraqi and Afghan translators/ interpreters or those who worked for or on behalf of the U.S. government.</p> <p>If you select YES, you must attach evidence of your status as a refugee, asylee, or special immigrant visa holder. Failure to do so may result in application review delays.</p> | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <p align="center">PART 2. OTHER LICENSES AND CERTIFICATES</p> | | |
| <p>Have you ever been issued a license or professional certificate in any state, territory, province, foreign country or U.S. federal jurisdiction? If YES, provide the following information for each license or certificate. (Attach additional sheets as needed.)</p> | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <p>License/Certificate Type</p> | | <p>Jurisdiction</p> |
| <p>License/Certificate #</p> | <p>Date Issued (mm/dy/year)</p> | <p>Status</p> |
| <p>Has this license or certificate ever been revoked, suspended, or subject to discipline? You may attach a statement of explanation.</p> | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <p>License/Certificate Type</p> | | <p>Jurisdiction</p> |
| <p>License/Certificate #</p> | <p>Date Issued (mm/dy/year)</p> | <p>Status</p> |
| <p>Has this license or certificate ever been revoked, suspended, or subject to discipline? You may attach a statement of explanation. (Attach additional sheets as needed.)</p> | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <p align="center">PART 3. BANKRUPTCY</p> | | |
| <p>Within the last 10 years, have you filed for bankruptcy or held a controlling financial interest in a business when that business filed for bankruptcy?</p> <p>If YES, date filed: _____</p> <p>You may attach a statement of explanation.</p> | | <input type="checkbox"/> YES <input type="checkbox"/> NO |

PART 4. PRELICENSING EDUCATION

Applicants are required to complete 30 hours of prelicensing education including at least one hour of instruction in cultural competency. (Attach additional sheets as needed.)

| | |
|---|-----------------|
| Approved Education Provider | Course Title |
| Course Provider (If different than above) | |
| Date Completed (mm/dy/year) | Hours Completed |
| Approved Education Provider | Course Title |
| Course Provider (If different than above) | |
| Date Completed (mm/dy/year) | Hours Completed |
| Approved Education Provider | Course Title |
| Course Provider (If different than above) | |
| Date Completed (mm/dy/year) | Hours Completed |
| Approved Education Provider | Course Title |
| Course Provider (If different than above) | |
| Date Completed (mm/dy/year) | 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 with substantive fiduciary responsibilities:

(a) Serving as a conservator or guardian of the person and/or estate, a trustee, an agent under a durable power of attorney for healthcare and/or finances, or a personal representative of a decedent's estate.

OR

(b) Working for a professional fiduciary, a public agency, or financial institution acting as a conservator or guardian of the person and/or estate, a trustee, an agent under a durable power of attorney for healthcare and/or finances, or a personal representative of a decedent's estate.

☐ At least five years of experience with substantive fiduciary responsibilities:

(a) Serving as conservator or guardian of the person and/or estate, a trustee, an agent under a durable power of attorney for health care and/or finances, or a personal representative of a decedent's estate.

OR

(b) Working for a professional fiduciary, a public agency, or financial institution acting as a conservator or guardian of the person and/or estate, a trustee, an agent under a durable power of attorney for health care and/or finances, or a personal representative of a decedent's estate.

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 | | | |
|---|--------|---|--|
| <p>If your selection involves experience working with substantive fiduciary responsibilities as selected above:</p> <ul style="list-style-type: none"> Provide a detailed response regarding your applicable experience. Provide contact information for at least three references. Consent to the Bureau contacting the references. <p>You may provide a separate attachment to address the details of qualifying experience.</p> | | | |
| Details of Qualifying Experience, Including Type: | | Dates of Experience: (month/year to month/year) | |
| Details of Qualifying Experience, Including Type: | | Dates of Experience: (month/year to month/year) | |
| Details of Qualifying Experience, Including Type: | | 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 | |
| Mailing Address (include street #, street name, city, state, zip) | | Phone Number | |
| Name | | Relation to Reference | |
| Mailing Address (include street #, street name, city, state, zip) | | Phone Number | |
| Name | | Relation to Reference | |
| Mailing Address (include street #, street name, city, state, zip) | | Phone Number | |
| 2. Do you consent to the Bureau contacting the references listed to verify your specified experience? | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| PART 6. 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 |
| <p>If YES:</p> <ul style="list-style-type: none"> – You must provide copies of court findings and orders related to each case. – You may provide a statement of the issues and facts pertaining to each case. – Provide the following information for each case where you were found to be in breach of fiduciary duty. (Attach additional sheets as needed.) | | | |
| Case Name | Case # | Court Location | Date of Court Finding (mm/dd/year) |
| | | | |
| | | | |
| SECTION 2. REMOVAL | | | |
| Have you ever been removed by the court for cause? | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| <p>If YES:</p> <ul style="list-style-type: none"> – You must provide copies of court findings and orders related to each case. – You may provide a statement of the issues and facts pertaining to each case. – Provide the following information for each case where you were removed for cause. (Attach additional sheets as needed.) | | | |
| Case Name | Case # | Court Location | Date of Removal (mm/dd/year) |
| | | | |

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| SECTION 3. RESIGNATION | | | | |
| Have you ever resigned as a fiduciary in a matter in which a complaint* was filed with the court? | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| If YES: – You must provide copies of court findings and orders related to each case. – You must provide a statement of issues and facts pertaining to each case. – Provide the following information for each case where you were removed for cause. (Attach additional sheets as needed.) | | | | |
| Case Name | Case # | Court Location | Date Complaint Filed | Date of Resignation (mm/dy/year) |
| | | | | |
| | | | | |
| SECTION 4. SETTLEMENT | | | | |
| Have you ever settled as a fiduciary in a matter in which a complaint* was filed with the court? | | | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| If YES: – You must provide copies of court findings and orders related to each case. – You must provide a statement of issues and facts pertaining to each case. – Provide the following information for each case that was settled where a complaint had been filed with the court. (Attach additional sheets as needed.) | | | | |
| Case Name | Case # | Court Location | Date Complaint Filed | Date of Settlement (mm/dy/year) |
| | | | | |
| | | | | |
| PART 7. AFFIDAVIT | | | | |
| Proposed change: I, _____, hereby attest to the fact that I am the applicant whose signature appears below. 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 document, including all supplementary statements. I understand that falsification of the information on this form may constitute grounds for denial of the license. By signing this application, 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.

Application packet must include:

- Completed application
- Second copy of processed Live Scan service form
- Any mandatory supporting documents
- Application fee (check or money order)

Submit completed application packet to:

Professional Fiduciaries Bureau
 1625 North Market Blvd, Suite S-209
 Sacramento, CA 95834

NOTICE: 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.