



Professional Fiduciaries Bureau

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 Website: www.fiduciary.ca.gov



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

PROFESSIONAL FIDUCIARY LICENSING APPLICATION

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
Business Phone	Business FAX	E-mail (Optional)

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
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.	<input type="checkbox"/> YES <input type="checkbox"/> NO
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<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>Pursuant to Business and Professions Code Section 115.4, beginning July 1, 2024, the Bureau shall expedite the initial licensure process for an applicant who is an active duty member of the US Armed Forces and enrolled in the US 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 provides 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
PART 2. OTHER LICENSES AND CERTIFICATES		
<p>Have you ever been issued a license or professional certificate in any state, territory, province, foreign country or U.S. federal jurisdiction?</p>		<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>If YES, provide the following information for each license or certificate. (Attach additional sheets as needed.)</p>		
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 <u>may</u> 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 <u>may</u> attach a statement of explanation.		Attached? <input type="checkbox"/> YES
PART 3. BANKRUPTCY		
<p>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?</p>		<input type="checkbox"/> YES <input type="checkbox"/> NO
If YES, you <u>may</u> 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 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)
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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 Phone Number)			
Name	Relation to Reference		
Contact Information (Mailing Address and Phone Number)			
Name	Relation to Reference		
Contact Information (Mailing Address and Phone Number)			
2. Do you consent to the Bureau contacting the references listed above for the purpose of verifying your indicated 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			
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?			
<input type="checkbox"/> YES <input type="checkbox"/> 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 <u>must</u> 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 <u>may</u> 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* was 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 <u>must</u> provide a statement of the issues and facts pertaining to the allegations for this case.				Attached? <input type="checkbox"/> YES
You <u>must</u> 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 <u>must</u> provide a statement of the issues and facts pertaining to the allegations for this case.				Attached? <input type="checkbox"/> YES
You <u>must</u> 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* was 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 <u>must</u> provide a statement of the issues and facts pertaining to the allegations for this case.				Attached? <input type="checkbox"/> YES
You <u>must</u> 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 <u>must</u> provide a statement of the issues and facts pertaining to the allegations for this case.				Attached? <input type="checkbox"/> YES
You <u>must</u> 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:				
<p>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.</p> <p>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.</p>				
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.