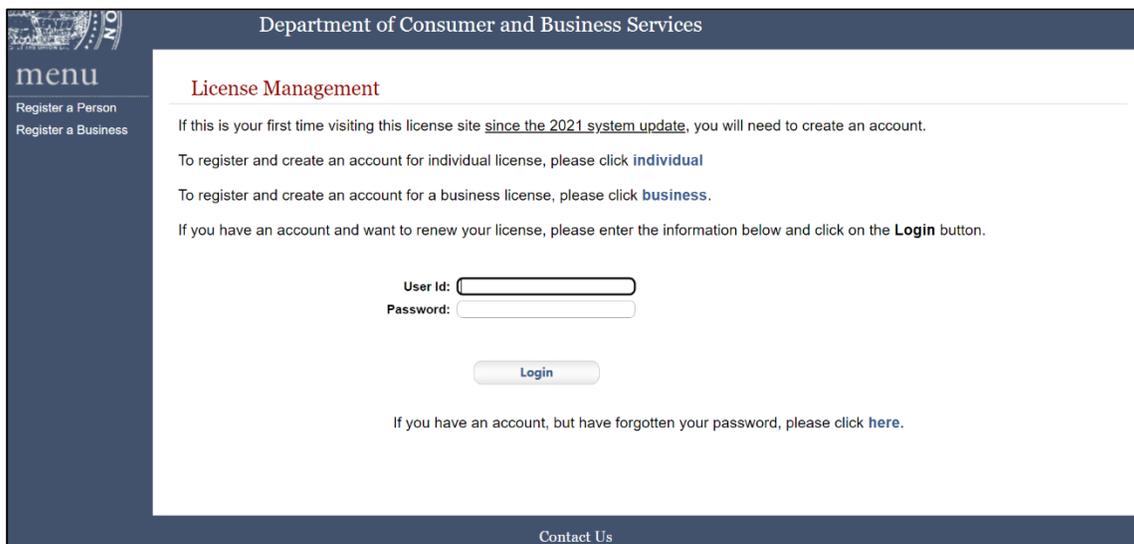


Master Trustee Renewal and Annual Report eGov Step-by-Step Instructions

1. Go to eGov at <https://ordcbs.mylicense.com/eGov/>.
2. Log in with your user ID and password and skip to Step 7. If you do not remember your login information, follow steps 3-5 or contact the division at dfr.ndp.licensing@dcbs.oregon.gov for help.
3. Select "Register a Business" on the left menu panel.



Department of Consumer and Business Services

menu
Register a Person
Register a Business

License Management

If this is your first time visiting this license site [since the 2021 system update](#), you will need to create an account.

To register and create an account for individual license, please click [individual](#)

To register and create an account for a business license, please click [business](#).

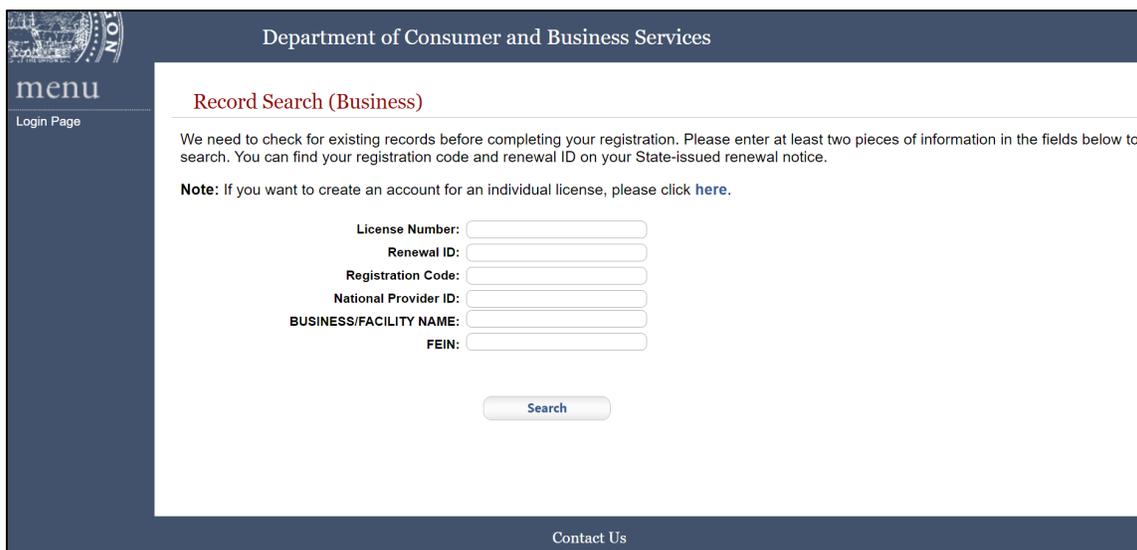
If you have an account and want to renew your license, please enter the information below and click on the **Login** button.

User Id:

Password:

If you have an account, but have forgotten your password, please click [here](#).

Contact Us



Department of Consumer and Business Services

menu
Login Page

Record Search (Business)

We need to check for existing records before completing your registration. Please enter at least two pieces of information in the fields below to search. You can find your registration code and renewal ID on your State-issued renewal notice.

Note: If you want to create an account for an individual license, please click [here](#).

License Number:

Renewal ID:

Registration Code:

National Provider ID:

BUSINESS/FACILITY NAME:

FEIN:

Contact Us

4. Enter your license number and registration code from the renewal notice, then select "Search." If you need this information, contact the division at dfr.ndp.licensing@dcbs.oregon.gov.

| | |
|-------------------------|---------------------------------------|
| License Number: | <input type="text" value="MTS-010"/> |
| Renewal ID: | <input type="text"/> |
| Registration Code: | <input type="text" value="16735602"/> |
| National Provider ID: | <input type="text"/> |
| BUSINESS/FACILITY NAME: | <input type="text"/> |
| FEIN: | <input type="text"/> |

5. Create an account by choosing a User ID and Password. Use this login information to process renewals in the future. Select "Register."

User Credentials

UserID and Password are case sensitive.

| | |
|-------------------|--|
| User ID: | <input type="text" value="MTS-010"/> |
| Password: | <input type="password" value="....."/> |
| | At least 8 characters At least one lowercase letter At least one uppercase letter At least one number At least one symbol/special character No spaces |
| Confirm Password: | <input type="password" value="....."/> |

6. Log in with the credentials that were set up in Step 5.

Registration Success

You have successfully registered!
Please **login**....

7. Select "Renew License" in the left menu panel.

Department of Consumer and Business Services

Licenses

This page shows all of your active, inactive, and pending licenses. Click "Initial Application" to apply or click "Renew" in the top-left menu to renew a license.

Name

Business / Facility Name: MASTER TRUSTEE EXAMPLE
Owner / Manager Name: CONTACT PERSON
Oregon SOS Business Registry Number: 55-4433221
Ownership Type: Domestic Business Corp

Address

Address: 350 WINTER ST
SALEM, OR 97301
Phone: 5039477300
Fax:
Email: DFR.NDP.LICENSING@DCBS.OREGON.GOV

Licenses

| Master Trustee | | Documents | View Checklist |
|------------------|-------------------------------|-----------|----------------|
| Profession: | DFCS-Funeral/Cemetery Preneed | | |
| License Number: | MTS-010 | | |
| License Status: | Active | | |
| Expiration Date: | 4/1/2024 | | |

8. Select "Renew" on the available license.

9. Select "Continue" to begin the renewal process.

Department of Consumer and Business Services

Renew a License

To renew this license you must complete all requirements and pay all fees.

You may be required to submit additional documentation to fulfill renewal requirements for your license.

[Continue](#)

Contact Us

10. Verify current contact information. Select "Save."

Department of Consumer and Business Services

Contact Information

You can use this page to make edits to your mailing address and contact information. Click **Save** to submit your changes.

Name

Business / Facility Name: DCBS TEST RECORD
Oregon SOS Business Registry Number: 123445
Owner / Manager Name: TEST OWNER
Ownership Type: Cooperative Corporation

Address

Country: United States
Address Line 1: 350 WINTER ST NE
Address Line 2:
Zip: 97302
City: SALEM
County: MARION
State: OR
Phone: 5039477300
Fax:
Email: TEST@EMAIL.COM

Save

11. Verify the corporate personnel. Contact the division to make changes at dfr.ndp.licensing@dcbs.oregon.gov. Select "Continue."

Department of Consumer and Business Services

Corporate Personnel Info

The following individuals are shown as owners or control people of the company; please edit as necessary. If a person is no longer with the company, please select edit and enter the end date for their relationship with the company.

Corporate Personnel

| Name | Position | Start | End | Shares | Birth Date | Address | Phone | Fax | Email |
|----------------|------------|------------|-----|--------|------------|---|------------|-----|------------------------|
| Joe Corp | Co-founder | 12/31/2017 | | 0.00 | 6/5/1989 | 123 High Street Salem, OR 97302 United States | 5038675309 | | joecorp@gmail.com |
| Bob C Orperate | Asst. VP | 12/31/2019 | | 50.00 | 12/12/2000 | 123 High Street Salem, OR 97302 United States | 5038675310 | | bobcorporate@gmail.com |

Add

Continue

12. Verify any doing business as (DBA). Contact the division at dfr.ndp.licensing@dcbs.oregon.gov to make changes.

13. Enter the annual report information. This is the same information that would have been entered on Form 440-4017. Select “Save” to continue.

(<https://dfr.oregon.gov/business/licensing/financial/Documents/4017.pdf>)

Department of Consumer and Business Services

Doing Business As

If the information is incorrect, contact the Division of Financial Regulation. Either click [here](#) to email or use the "Contact Us" link at the foot of the page.

Doing Business As (DBA): Test DBA

Update License Information

Use the form below to update the supplemental information. Press the **Save** button to save the changes.

| | |
|--|-----------------------------------|
| 1. Annual report for calendar year ending December 31: | <input type="text" value="2025"/> |
| 2. Beginning balance of trust on Jan. 1 (ending market value of previous report): | <input type="text" value="22"/> |
| 3. Deposits made in reporting year: | <input type="text" value="33"/> |
| 4. Interest/dividends/gains/losses: | <input type="text" value="44"/> |
| 5. Trustee, accounting, depository, and investment fees (limited to 2% of Line 1): | <input type="text" value="55"/> |
| 6. Taxes paid for the benefit of contract beneficiaries: | <input type="text" value="66"/> |
| 7. Withdrawals: | <input type="text" value="77"/> |
| 8. Ending balance on Dec. 31 reporting year (market value): | <input type="text" value="88"/> |

[Contact Us](#)

14. Answer the attestation questions. Select “Submit.”

Department of Consumer and Business Services

Application Questions

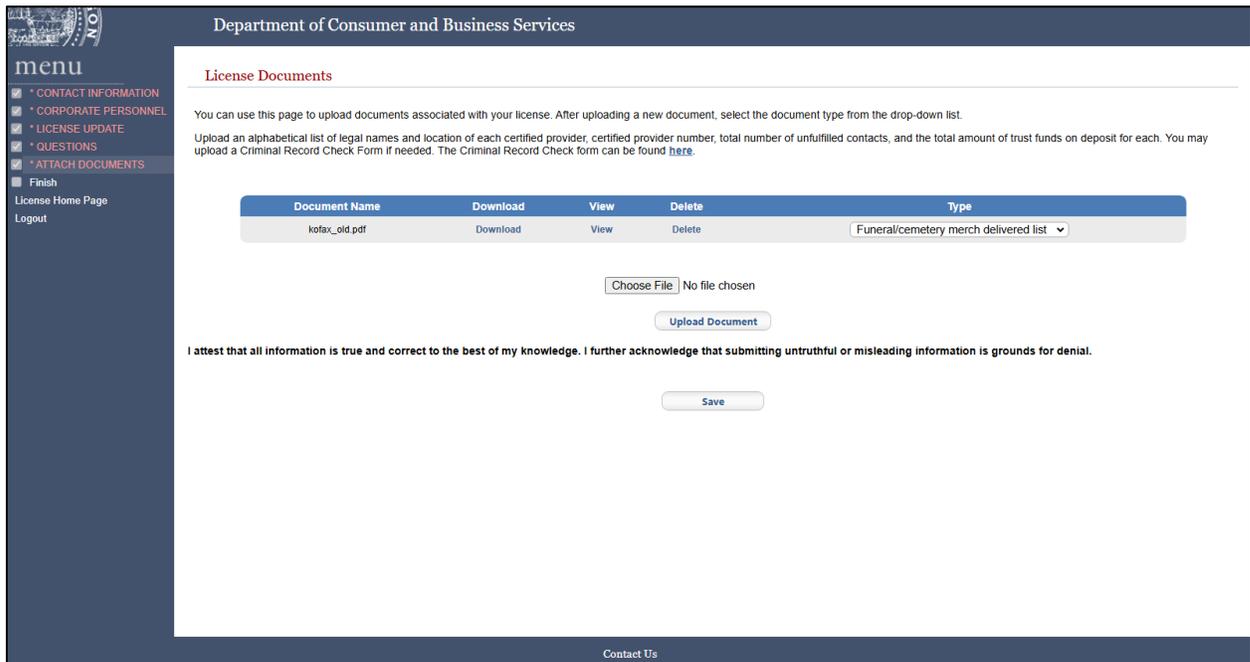
Please answer the following question(s) by choosing the respective answer(s) from the drop-down menu(s). Click the **submit button** when you have answered the question(s).

| Question | Answer |
|--|----------------------|
| Full name of officer or authorized employee completing form: | <input type="text"/> |
| Title of person completing form: | <input type="text"/> |
| Contact information for submitter, enter phone number: | <input type="text"/> |
| Contact information for submitter, enter email address: | <input type="text"/> |

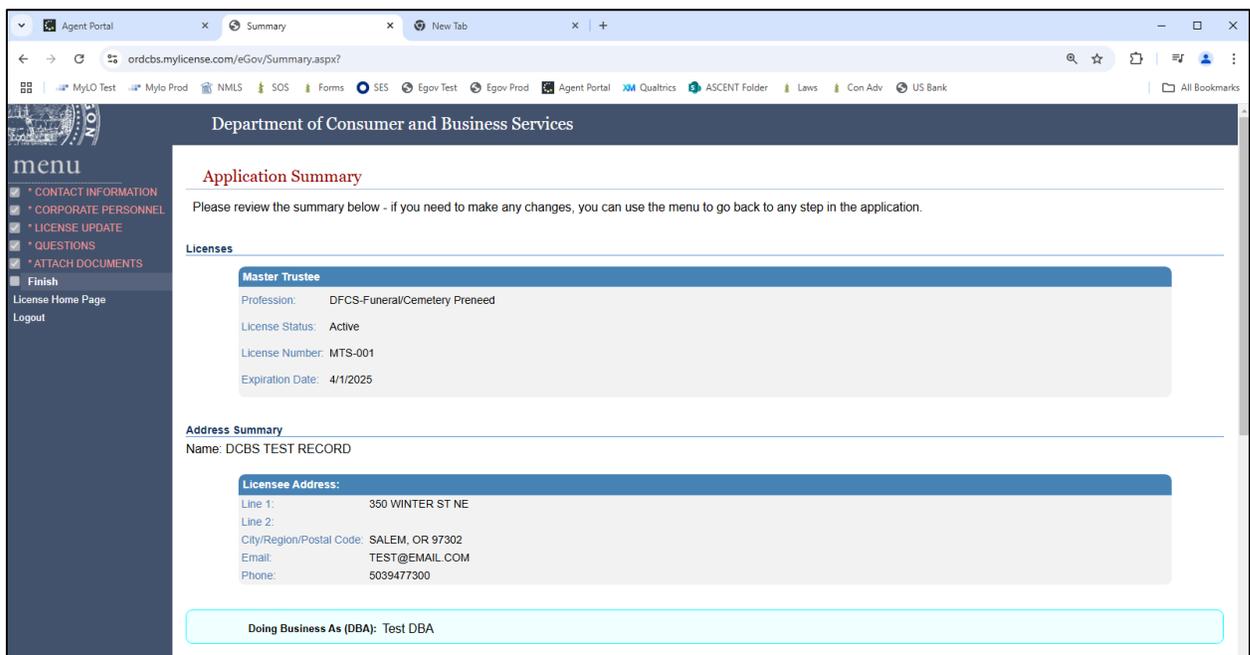
Attestation

By submitting this renewal, I attest that all the information submitted is true and correct to the best of my knowledge. I further acknowledge that submitting untruthful or misleading information is grounds for denial.

- Attach the required documents, including an alphabetical list of legal names and location of each certified provider, certified provider number, total of unfulfilled contracts, and total of trust funds on deposit for each. Select “Save.”



- Review the answers and documents that have been submitted on the summary page. Select “Go to Checkout” to submit the information to the division and make the required renewal payment of \$390.



Update License Information

1. Annual report for calendar year ending December 31:

2. Beginning balance of trust on Jan. 1 (ending market value of previous report)::

3. Deposits made in reporting year:

4. Interest/dividends/gains/losses:

5. Trustee, accounting, depository, and investment fees (limited to 2% of Line 1):

6. Taxes paid for the benefit of contract beneficiaries:

7. Withdrawals:

8. Ending balance on Dec. 31 reporting year (market value):

| Question | Answer |
|--|-----------------|
| Full name of officer or authorized employee completing form: | AMBER M |
| Title of person completing form: | ADMIN |
| Contact information for submitter, enter phone number: | 5039477300 |
| Contact information for submitter, enter email address: | AMBER@EMAIL.COM |

If all the above information is correct, please press the **Go to Checkout** button.
 Otherwise, please go back and correct any necessary information.

I attest that all information submitted is true and correct to the best of my knowledge. I further acknowledge that submitting untruthful or misleading information is grounds for denial.

[Contact Us](#)

17. Renewals are not complete until payment is received and the required documents have been reviewed.
18. For questions about the renewal process or for help, please email dfr.ndp.licensing@dcbs.oregon.gov or call 503-947-7300.