

Certified Provider Instructions for Annual Report and Renewal

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Creating a login

1. Go to eGov: <https://ordcbs.mylicense.com/eGov/>
2. Select “Register a Business” from 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

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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

3. Enter your license number and registration code from the renewal notice and then select “Search.”

License Number:

Renewal ID:

Registration Code:

National Provider ID:

BUSINESS/FACILITY NAME:

FEIN:

4. 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: At least 6 characters, ex: jsmitl
Enter a User ID

Password: **Enter a Password**
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: **Confirm your Password**

Password Question: ex: Favorite color?
Enter a password recovery question

Password Answer: ex: Blue
Enter an answer for your password recovery question

Password Question 2: ex: First pet?
Enter a second password recovery question

Password Answer 2: ex: Spot
Enter an answer for your second password recovery question

Register

5. Log in with the credentials that were set up in step 4.

Registration Success

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

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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:

Login

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

Contact Us

Renew a license

6. Select "Renew License" from the left menu panel.

The screenshot shows the 'Licenses' page. The header includes the Department of Consumer and Business Services logo and name. The left sidebar contains a 'menu' with options: Initial Application, Renew License, Pending Prereqs, Logon As..., and Logout. The main content area is titled 'Licenses' and contains the following information:

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: CERTIFIED PROVIDER EXAMPLE
Owner / Manager Name: CONTACT PERSON
Oregon SOS Business Registry Number: 00112233-44
Ownership Type: Domestic Business Corp

Address

Address: 12345 ADDRESS ST
SALEM, OR 97301
Phone: 5039477300
Fax:
Email: DFR.NDPLICENSING@DCBS.OREGON.GOV

Licenses

Certified Providers [Documents] [View Checklist]

Profession: DFCS-Funeral/Cemetery Preneed
License Number: CP-0462
License Status: Active
Expiration Date: 4/1/2024

7. Select "Continue" from the mini-panel.

The screenshot shows the 'Renew a License' page. The header includes the Department of Consumer and Business Services logo and name. The left sidebar contains a 'menu' with options: License Home Page and Logout. The main content area is titled 'Renew a License' and contains the following information:

Select "Continue" button on the right to begin your renewal application. You may only submit one renewal application at a time.

Renewable Licenses

Certified Providers [Continue]

Profession: DFCS-Funeral/Cemetery Preneed
License Status: Active
License Number: CP-0462
Expiration Date: 4/1/2024

Contact Us

8. Read the disclaimer for time and needed documentation and then select “Continue.”

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.

Once logged in, your session will expire in 45 minutes. The questions on the following screens are the same as the paper annual report, just in a different format. If the session times out prior to completion, your information should be saved, but you will need to log back in to complete the information and submit it. The paper annual report is located at <https://dfr.oregon.gov/business/licensing/financial/Documents/4014.pdf>

WARNING!! If you are administering 10 or fewer prearrangements or preconstruction sales contracts AND the total dollar amount of those contracts are \$20,000 or less, then please contact the division at 503-947-7300 PRIOR to completing the annual report. We will need to manually adjust your fee to reflect \$80 rather than \$390.

[Continue](#)

menu

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Update contact information

9. Verify that the contact information is current, update as needed, and then select “Save.”

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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: CERTIFIED PROVIDER EX
Oregon SOS Business Registry Number: 00112233-44
Owner / Manager Name: CONTACT PERSON
Ownership Type: Domestic Business Corp

Address

Country*: United States

Address Line 1*: 12345 ADDRESS ST
Address Line 2:
Zip*: 97301
City*: SALEM
County*: MARION
State*: OR

Phone*: 5039477300
ex. 3015551212
Fax:
ex. 3015551212
Email*: DFR.NDP.LICENSING@DCBS.OREGON.GOV
ex. username@domain.com

Save

Update license address

10. If changes need to be made to the license address, contact the licensing examiner at dfn.ndp.licensing@dfn.oregon.gov. The phone or email may be changed if needed. Select "Save" to move forward.



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Update License Address

Update the address below for your licensed location and press the **Save** button to proceed.

Address

Country:

Address Line 1:

Address Line 2:

Zip:

City:

County:

State:

Phone:
ex. 3015551212

Fax:
ex. 3015551212

Email:
ex. username@domain.com

Verify and add corporate personnel

11. Verify that the owner information is current. If a new owner needs to be added, select "Add". If an owner was added or needs to be removed, contact the licensing examiner at dfp.ndp.licensing@dfp.oregon.gov to make manual changes to ownership percentages.

The screenshot shows the 'Corporate Personnel Info' page on the Department of Consumer and Business Services website. The page has a dark blue header with the department name. A left sidebar contains a 'menu' with options like 'CONTACT INFORMATION', 'LICENSE ADDRESS', 'Corporate Personnel', 'LICENSE UPDATE', 'Bond Information', 'QUESTIONS', 'ATTACH DOCUMENTS', 'Finish', 'License Home Page', and 'Logout'. The main content area is titled 'Corporate Personnel Info' and includes instructions for editing owner information. Below the instructions is a table with one entry for an 'EXAMPLE OWNER' with fields for Position, Address, Start, End, Shares, Birth Date, Phone, Fax, and Email. At the bottom of the page are 'Add' and 'Continue' buttons.

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.

Each member, partner, officer, director, principal, owner or manager with 10 percent or more of the corporation must have a completed criminal record check form uploaded into the Attach Documents page. The form can be found here: <https://dfp.oregon.gov/business/licensing/financial/Documents/4912.pdf>


Corporate Personnel

EXAMPLE OWNER		Edit
Position:	Owner	Address: 350 WINTER ST SALEM, OR 97301 United States
Start:	4/17/2023	Phone: 5039477300
End:		Fax:
Shares:	100.00	Email: DFP.NDP.LICENSING@DCBS.OREGON.GOV
Birth Date:	6/1/1970	

Add

Continue

12. Enter the name of the owner and other required fields and then select "Save."



Department of Consumer and Business Services

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[License Home Page](#)
[Logout](#)

Corporate Personnel Update

Once you have entered the required information, click **Update** or **Save**. The fields on this page will be made blank; you can then either enter another Corporate Personnel and click **Save**, or click **Cancel/Back** to continue.

Personnel

First Name:
Middle Name:
Last Name:
Name Suffix:
Birth Date:

Address

Country:
Line 1:
Line 2:
City:
State:
County:
ZipCode:
Phone:
Fax:
Email:

Details

Position:
Start:
End:
Percentage of Ownership:

13. The new owner is displayed on the refreshed page with the cancel/back button. Select “Cancel/Back” to continue.



Department of Consumer and Business Services

Corporate Personnel Update

Once you have entered the required information, click **Update** or **Save**. The fields on this page will be made blank; you can then either enter another Corporate Personnel and click **Save**, or click **Cancel/Back** to continue.

[Cancel/Back](#)

Personnel

First Name:

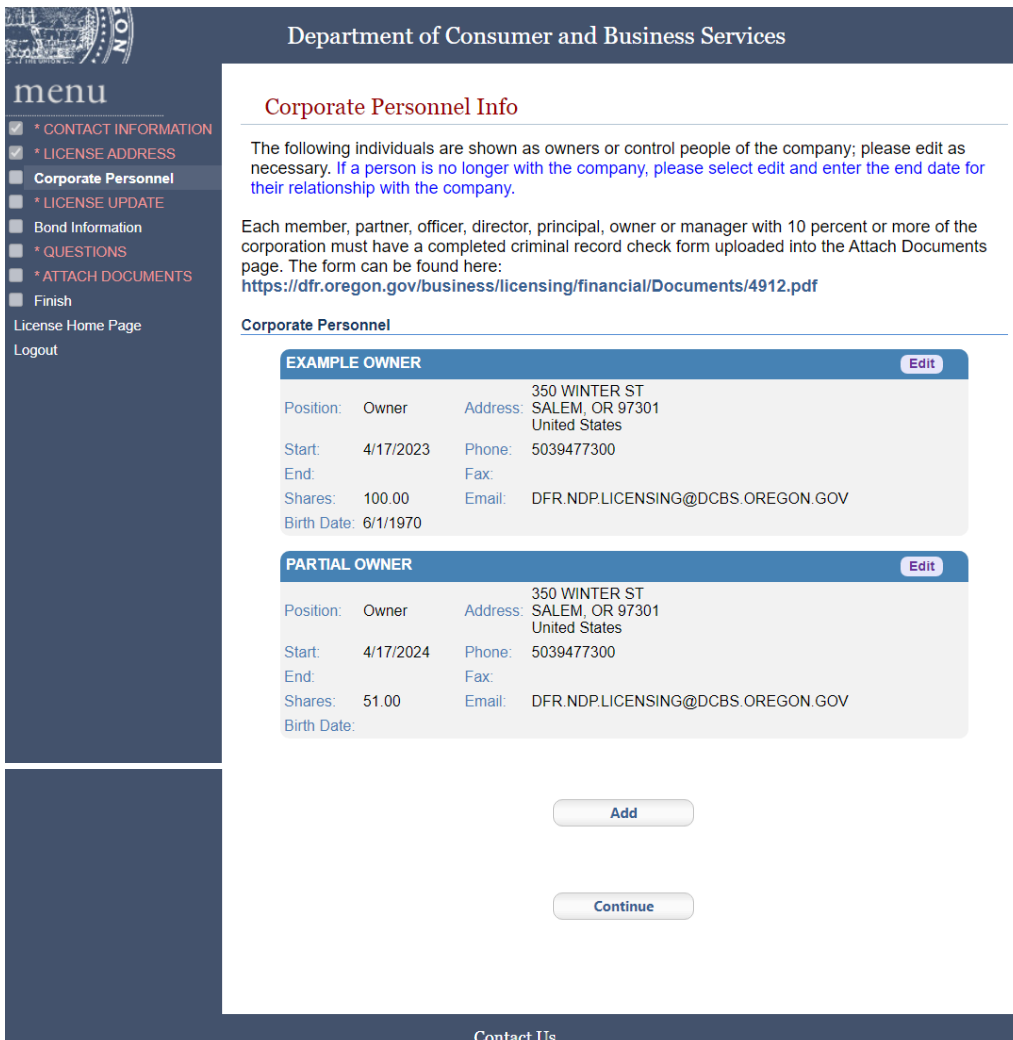
Middle Name:

Last Name:

Name Suffix:

Birth Date:

14. The new owner is listed with the other corporate personnel. Select “Add” to add more owners with the same steps as 12 and 13. Select “Continue” to move forward.



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.

Each member, partner, officer, director, principal, owner or manager with 10 percent or more of the corporation must have a completed criminal record check form uploaded into the Attach Documents page. The form can be found here: <https://dfc.oregon.gov/business/licensing/financial/Documents/4912.pdf>

Corporate Personnel

EXAMPLE OWNER		Edit
Position:	Owner	Address: 350 WINTER ST SALEM, OR 97301 United States
Start:	4/17/2023	Phone: 5039477300
End:		Fax:
Shares:	100.00	Email: DFR.NDP.LICENSING@DCBS.OREGON.GOV
Birth Date:	6/1/1970	

PARTIAL OWNER		Edit
Position:	Owner	Address: 350 WINTER ST SALEM, OR 97301 United States
Start:	4/17/2024	Phone: 5039477300
End:		Fax:
Shares:	51.00	Email: DFR.NDP.LICENSING@DCBS.OREGON.GOV
Birth Date:		

[Add](#)

[Continue](#)

Contact Us

Annual report figures

15. Enter the annual report figures for the current reporting period.

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[Logout](#)

Analysis of loans under Certified Provider

Use the form below to update your information. Press the **Save** button to save the changes.
If any of the questions don't apply, please enter 0. Fees and percentage fields must be numeric only.

The division is unable to see any partial filings and will not have access to the information until payment is completed. The annual report is not considered filed timely until all of the information is completed, documents are uploaded and payment received.

1. Annual report for calendar year ending December 31,
2. Number of unfulfilled contracts in reporting year:
3. Number of contracts sold for the reporting year:
4. Beginning market value of trust on Jan. 1 (ending market value of previous report):
5. Deposits made in reporting year:
6. Interest/dividends/gains/losses (Denote losses with a "-" negative symbol):
7. Trustee, accounting, depository, and investment fees:
8. Taxes paid for the benefit of contract beneficiaries:
9. Withdrawals:
10. Ending market value balance on Dec. 31 reporting year:
11. For Endowment Care Cemeteries only, what percentage of funds are you currently placing in trust?
(Enter a whole number only, without a percent sign)
If less than 90%, go to the next page to enter the bond information for each bond.

Trust Fund Summary

Depository/Master Trustee Name	Account Number
<input type="text"/>	<input type="text"/>

[Contact Us](#)



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License Home Page

Logout

Analysis of loans under Certified Provider

Use the form below to update your information. Press the **Save** button to save the changes.
If any of the questions don't apply, please enter 0. Fees and percentage fields must be numeric only.

The division is unable to see any partial filings and will not have access to the information until payment is completed. The annual report is not considered filed timely until all of the information is completed, documents are uploaded and payment received.

1. Annual report for calendar year ending December 31,
2. Number of unfulfilled contracts in reporting year:
3. Number of contracts sold for the reporting year:
4. Beginning market value of trust on Jan. 1 (ending market value of previous report):
5. Deposits made in reporting year:
6. Interest/dividends/gains/losses (Denote losses with a "-" negative symbol):
7. Trustee, accounting, depository, and investment fees:
8. Taxes paid for the benefit of contract beneficiaries:
9. Withdrawals:
10. Ending market value balance on Dec. 31 reporting year:
11. For Endowment Care Cemeteries only, what percentage of funds are you currently placing in trust?
(Enter a whole number only, without a percent sign)
If less than 90%, go to the next page to enter the bond information for each bond.

Trust Fund Summary

Depository/Master Trustee Name	Account Number
MASTER TRUSTEE EXP	12345-6789

Add Depository

Save

Bond information and depository/master trustee names

16. If a bond is used because less than 90 percent of funds are in a trust, enter the bond on the next page. If more entry lines are needed for depository/master trustees, select "Add Depository." Select "Save" to continue.

Department of Consumer and Business Services

Analysis of loans under Certified Provider

Use the form below to update your information. Press the **Save** button to save the changes.
If any of the questions don't apply, please enter 0. Fees and percentage fields must be numeric only.

The division is unable to see any partial filings and will not have access to the information until payment is completed. The annual report is not considered filed timely until all of the information is completed, documents are uploaded and payment received.

- Annual report for calendar year ending December 31,
- Number of unfulfilled contracts in reporting year:
- Number of contracts sold for the reporting year:
- Beginning market value of trust on Jan. 1 (ending market value of previous report):
- Deposits made in reporting year:
- Interest/dividends/gains/losses (Denote losses with a "-" negative symbol):
- Trustee, accounting, depository, and investment fees:
- Taxes paid for the benefit of contract beneficiaries:
- Withdrawals:
- Ending market value balance on Dec. 31 reporting year:
- For Endowment Care Cemeteries only, what percentage of funds are you currently placing in trust?
(Enter a whole number only, without a percent sign)
If less than 90%, go to the next page to enter the bond information for each bond.

Trust Fund Summary	
Depository/Master Trustee Name	Account Number
MASTER TRUSTEE EXP	12345-6789

17. Existing bonds are listed on this page. To add a bond, select “Add.” If there is no bond to add, select “Continue” and go to step 22.

Department of Consumer and Business Services

Insurance Information

Below is the information we have on record. Please attach a copy of your current insurance on the Attach Documents page.

No data available

[Add](#)

[Continue](#)

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18. An error message will appear after selecting “Add.”

Department of Consumer and Business Services

Error adding bond information

Add Bond Information

Enter your bond information in the fields below. Press the **save button** when finished.

Coverage Type:

Instrument Type:

Bond Amount:

Bond Number:

Issue Date:
MM/DD/YYYY

Cash Deposit Date:
MM/DD/YYYY

Termination Date:
MM/DD/YYYY

Remarks:

Address

Country: United States

Line 1:
ex. 123 Fourth St.

City:
ex. Apt. 100

State: Please select a state

Phone:
ex. 3015551212

Fax:
ex. 3015551212

Email:
ex. username@domain.com

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19. Select “Coverage Type – General” and “Instrument Type – Bond” to update the page for a proper entry.

Coverage Type: General

Instrument Type: Bond

20. Enter the needed bond information. Cash deposit date, termination date, remarks, expiration date, and cash release date are not required fields. Enter “Surety” for bond type. Select “Continuous – Yes,” and then select “Save” to continue.

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Add Bond Information

Enter your bond information in the fields below. Press the **save button** when finished.

Coverage Type:

Instrument Type:

Bond Amount:

Bond Number:

Issue Date:

Cash Deposit Date:

Termination Date:

Remarks:

Bond Company:

Bond Type:

Expiration Date:

Cash Release Date:

Continuous:

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Add Bond Information

Enter your bond information in the fields below. Press the **save button** when finished.

Coverage Type:

Instrument Type:

Bond Amount:

Bond Number:

Issue Date:
MM/DD/YYYY

Cash Deposit Date:

Termination Date:

Remarks:

Bond Company:

Bond Type:

Expiration Date:

Cash Release Date:

Continuous:

21. The bond has been added. Skip to step 22 if there are no more bonds. If more bonds need to be added, select “Bond Information” from the left menu panel. Select “Add” to add more, following steps 17 through 20. Select “Continue” to move forward.

Attestation

22. Answer the attestation questions. Select “Submit” to move forward.

The screenshot shows a web application interface for the Department of Consumer and Business Services. On the left is a dark blue sidebar menu with the following items: 'menu', '* CONTACT INFORMATION', '* LICENSE ADDRESS', 'Corporate Personnel', '* LICENSE UPDATE', 'Bond Information', '* QUESTIONS', '* ATTACH DOCUMENTS', 'Finish', 'License Home Page', and 'Logout'. The main content area has a dark blue header with the text 'Department of Consumer and Business Services'. Below the header is the 'Application Questions' section, which includes a paragraph of instructions and a table with four rows of questions and answers. The 'Attestation' section follows, containing a paragraph of text and a 'Submit' button.

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) or provide information for the question. Click the **submit button** when you have answered the question(s).

Question	Answer
Full name of officer or authorized employee completing form:	CONTACT PERSON
Title of person completing form:	MANAGER
Contact information for submitter, enter phone number:	5039477300
Contact information for submitter, enter email address:	DFR.NDP.LICENSING@

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.

Required documents

23. Upload required documents.

Department of Consumer and Business Services

License Documents

You can use this page to upload documents associated with your license. After uploading a new document, select the document type from the drop-down list.

Upload your 'Annual Report & Account Delivered Merchandise Spreadsheet', Current OMCB License and Oregon Secretary of State Verification. Please remember the Delivered Merchandise Spreadsheet is on the second tab of the Annual Report Account & Delivered Merchandise Spreadsheet. You may also upload a Criminal Records Check, if applicable. Certified Providers that have placed trust funds with a depository, rather than a Master Trustee, must submit a copy of their most recent audited financial statements. All forms can be found here:
<https://dfr.oregon.gov/business/licensing/financial/Pages/applications-forms-reports.aspx>

If you added a person on the Corporate Personnel page, please upload the applicable Criminal Record check form found here:
<https://dfr.oregon.gov/business/licensing/financial/Documents/4912.pdf>

Document Name	Download	View	Delete	Type
No Documents				

No file chosen

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

24. Select "Choose File." Select the file from your personal computer and select "Upload Document."

RequiredDocument.docx

25. Select the needed document label from the drop-down menu. The system will validate that all required documents have been uploaded before moving forward.

Document Name	Download	View	Delete	Type
RequiredDocument.docx	Download	View	Delete	Other

No file cho

- Other
- Account & Delivered Merch Spreadsheet
- Audited financial statements
- Bond
- Criminal Record Check Form
- Current OMCB License
- Oregon Secretary of State Verification
- Other

26. Follow steps 23 and 24 to add all required documents. Select “Save” to continue.

Document Name	Download	View	Delete	Type
RequiredDocument.docx	Download	View	Delete	Oregon Secretary of State Verification
Annual Report Account Delivererd Merch.xlsx	Download	View	Delete	Account & Delivered Merch Spreadsheet
RequiredDocument2.docx	Download	View	Delete	Current OMCB License
RequiredDocument3.docx	Download	View	Delete	Audited financial statements

No file chosen

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

Summary review

27. Review the answers before finishing the renewal process on the summary page.

Department of Consumer and Business Services

Application Summary

Please review the summary below - if you need to make any changes, you can use the menu to go back to any step in the application.

When you're ready to move on, click Continue.

Licenses

Certified Providers

Profession: DFCS-Funeral/Cemetery Preneed

License Status: Active

License Number: CP-0462

Expiration Date: 4/1/2024

Address Summary

Name: CERTIFIED PROVIDER EXAMPLE

Licensee Address:

Line 1: 12345 ADDRESS ST

Line 2:

City/Region/Postal Code: SALEM, OR 97301

Email: DFR.NDP.LICENSING@DCBS.OREGON.GOV

Phone: 5039477300

License Address:

Line 1: 54321 ADDRESS ST

Line 2:

City/Region/Postal Code: SALEM, OR 97301

Email: DFR.NDP.LICENSING@DCBS.OREGON.GOV

Phone: 5039477300

Master Trustees/Depositories

These are the master trustees/depositories on file for your company. If you need to make changes, please contact the division.

Name	Account Number	Start Date	End Date
------	----------------	------------	----------

Attachments

Document Name	Document Type	View
RequiredDocument.docx	Oregon Secretary of State Verification	View
Annual Report Account Delivererd Merch.xlsx	Account & Delivered Merch Spreadsheet	View
RequiredDocument2.docx	Current OMCB License	View
RequiredDocument3.docx	Audited financial statements	View

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.

[Go to Checkout](#)

Making a payment

28. Select "Go to Checkout" to make payment. Renewal is not complete until payment is made, and the documentation has been reviewed.