

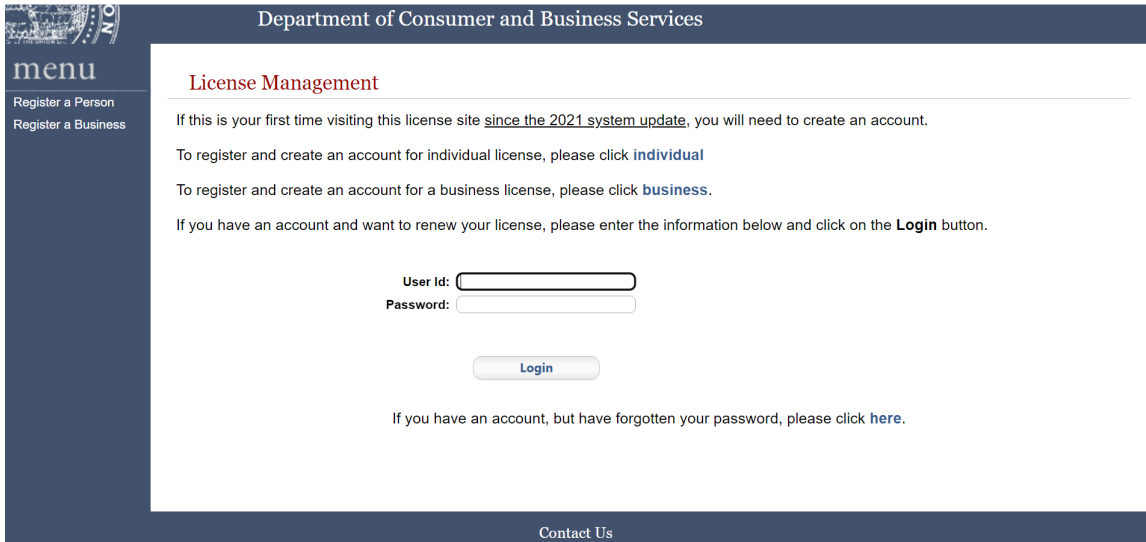
Master Trustee Instructions for Certified Provider Annual Report

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Creating a login

1. Go to eGov: <https://ordcbs.mylicense.com/eGov/>.
2. For first-time users, select “Register a Business” from the left menu panel. If you already have a password, go to step 6.



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](#).

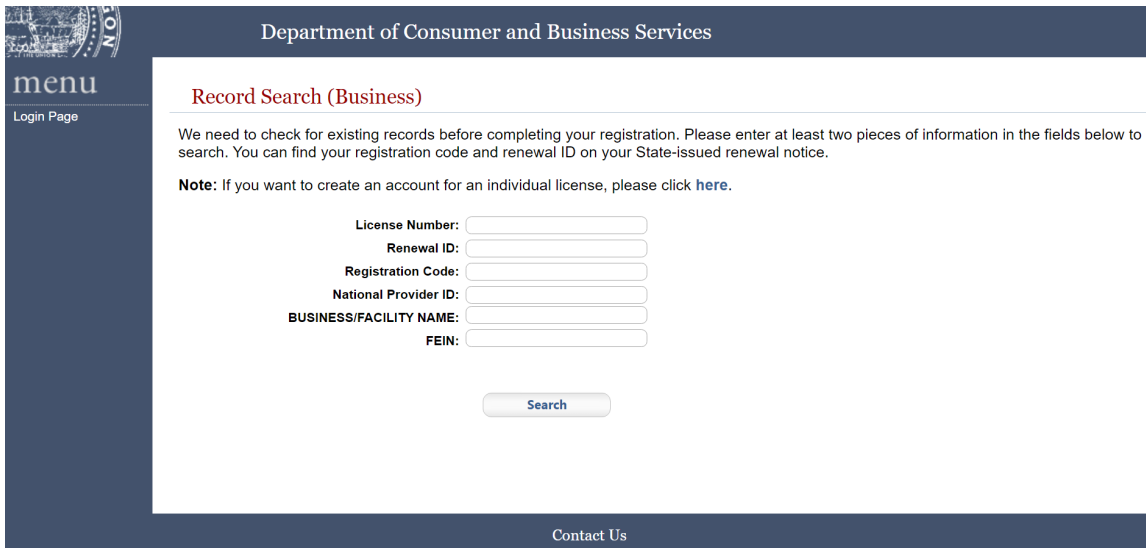
If you have an account and want to renew your license, please enter the information below and click on the **Login** button.

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

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

License Number:

Renewal ID:

Registration Code:

National Provider ID:

BUSINESS/FACILITY NAME:

FEIN:

[Search](#)

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:

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:

Password Question:

Password Answer:

Password Question 2:

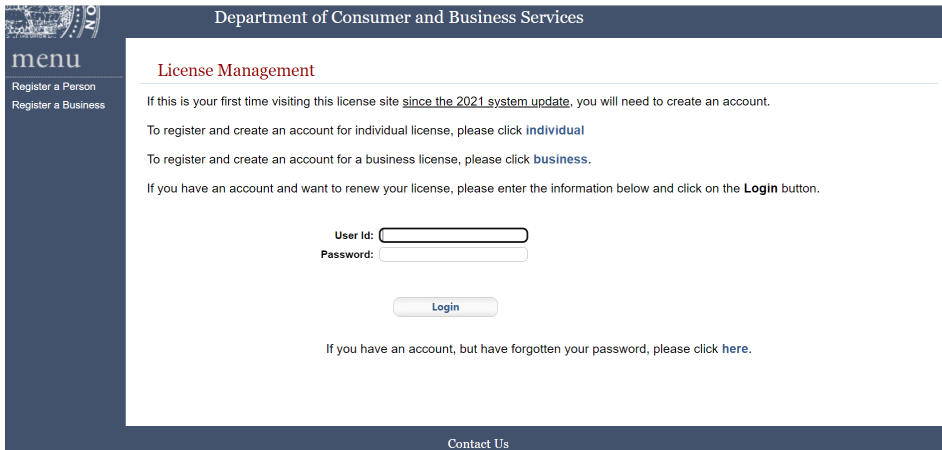
Password Answer 2:

[Register](#)

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

Registration Success

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



The screenshot shows a web page for the Department of Consumer and Business Services. The page title is "License Management". It contains instructions for users: "If this is your first time visiting this license site since the 2021 system update, you will need to create an account." It provides links for "individual" and "business" registration. Below this, there is a login form with fields for "User Id:" and "Password:", and a "Login" button. A link is provided for users who have forgotten their password: "If you have an account, but have forgotten your password, please click here." The page has a dark blue header and footer. The footer contains a "Contact Us" link. A sidebar menu is visible on the left with options for "Register a Person" and "Register a Business".

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:

[Login](#)

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

[Contact Us](#)

Login as a certified provider

6. Select “Logon As” from 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		

7. Enter only the license number for the certified provider that you are submitting report information for and then select “Search.”

Department of Consumer and Business Services

Delegate Sign On

Please enter the name or license number of the licensee that you will be filing for, then click the **Search** button. To cancel this process prior to being assigned as a delegate, click on the **Licensing Home Page** link in the menu on the left

Once you are assigned as a delegate, select **Licensing Home Page** on the left panel menu to submit the annual report for the certified provider listed in **Red** above. To cancel your logon as a delegate, click on the **Revert** button when it is visible.

Name:

License Number:

8. Select the link left of the certified provider name.

Department of Consumer and Business Services

Search Results

Select licensee from the following search results.

	Name	License Type	License Number	Status
Select	CERTIFIED PROVIDER EXAMPLE	Certified Providers	CP-0462	Active

9. Confirm that the correct company is in the red text. Select “Licensing Home Page” from the left menu panel. Select “Revert” to enter an alternative license number.

Department of Consumer and Business Services

Delegate Sign On

Currently acting as delegate for 'CERTIFIED PROVIDER EXAMPLE'.

Please enter the name or license number of the licensee that you will be filing for, then click the **Search** button. To cancel this process prior to being assigned as a delegate, click on the **Licensing Home Page** link in the menu on the left

Once you are assigned as a delegate, select **Licensing Home Page** on the left panel menu to submit the annual report for the certified provider listed in **Red** above. To cancel your logon as a delegate, click on the **Revert** button when it is visible.

Name:

License Number:

10. Select “Renew License” from 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: 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		

11. Select “Continue” in the mini-panel.

Department of Consumer and Business Services

menu
License Home Page
Logout

Renew a License

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

12. Read the disclaimer about the session time limit and needed documentation, and then select “Continue.”

Department of Consumer and Business Services

menu
* CONTACT INFORMATION
* LICENSE ADDRESS
Corporate Personnel
* LICENSE UPDATE
Bond Information
* QUESTIONS
* ATTACH DOCUMENTS
Finish
License Home Page
Logout

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

License update page

13. Select "License Update" from the left menu panel.

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:

Oregon SOS Business Registry Number:

Owner / Manager Name:

Ownership Type:

Address

Country:

Address Line 1:

Address Line 2:

Zip:

City:

County:

State:

Phone*:
ex. 3015551212

Fax:
ex. 3015551212

Email*:
ex. username@domain.com

Annual report figures

14. Enter the annual report figures for the current reporting period. Only enter whole numbers with no punctuation.

The screenshot shows a web interface for the Department of Consumer and Business Services. On the left is a dark blue sidebar menu with the following items: * 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 'Analysis of loans under Certified Provider'. It contains instructions: '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.' Below this is a warning: '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.' The form consists of 11 numbered questions, each with a text input field: 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. Below the questions is a 'Trust Fund Summary' section with a table header: 'Depository/Master Trustee Name' and 'Account Number'. There are two input fields for these headers and an 'Add Depository' button to the right. At the bottom of the form is a 'Save' button. The footer of the page contains a 'Contact Us' link.

Master trustees may stop at this point unless they have documents to upload on behalf of the certified providers. Continue to add bond information or go to step 22 to upload documents on behalf of the certified provider. Otherwise, go to step 26 to log out. The certified provider will be able to continue with the annual report process.

Bond information

15. 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.

The screenshot shows a web interface for the Department of Consumer and Business Services. On the left is a dark blue sidebar menu with options: CONTACT INFORMATION, LICENSE ADDRESS, Corporate Personnel, LICENSE UPDATE, Bond Information, QUESTIONS, ATTACH DOCUMENTS, and Finish. Below the menu are links for License Home Page and Logout. The main content area is titled 'Analysis of loans under Certified Provider' and contains a form with 11 numbered questions, each with a text input field. The questions are: 1. Annual report for calendar year ending December 31, (2023); 2. Number of unfulfilled contracts in reporting year: (20); 3. Number of contracts sold for the reporting year: (17); 4. Beginning market value of trust on Jan. 1 (ending market value of previous report): (1234567); 5. Deposits made in reporting year: (12345); 6. Interest/dividends/gains/losses (Denote losses with a "-" negative symbol): (1234); 7. Trustee, accounting, depository, and investment fees: (123); 8. Taxes paid for the benefit of contract beneficiaries: (321); 9. Withdrawals: (4321); 10. Ending market value balance on Dec. 31 reporting year: (1243381); 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) (95). Below the questions is a 'Trust Fund Summary' table with two columns: 'Depository/Master Trustee Name' and 'Account Number'. The table contains one entry: 'MASTER TRUSTEE EXP' with account number '12345-6789'. To the right of the table is an 'Add Depository' button. At the bottom center of the form is a 'Save' button.

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

16. 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 21.

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](#)

17. 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

Phone:
ex. 3015551212

Line 1:
ex. 123 Fourth St.

Fax:
ex. 3015551212

City:
ex. Apt. 100

Email:
ex. username@domain.com

State: Please select a state

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

Coverage Type: General

Instrument Type: Bond

19. 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.

Department of Consumer and Business Services

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:

Department of Consumer and Business Services

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:

Bond Company:

Bond Type:

Expiration Date:
MM/DD/YYYY


Cash Release Date:
MM/DD/YYYY

Continuous:

20. The bond has been added. Skip to 21 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 as 16 through 19. Select “Continue” to move forward.

Attestation

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



Department of Consumer and Business Services

menu

- * CONTACT INFORMATION
- * LICENSE ADDRESS
- Corporate Personnel
- * LICENSE UPDATE
- Bond Information
- * QUESTIONS
- * ATTACH DOCUMENTS
- Finish

License Home Page
Logout

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:	<input type="text" value="CONTACT PERSON"/>
Title of person completing form:	<input type="text" value="MANAGER"/>
Contact information for submitter, enter phone number:	<input type="text" value="5039477300"/>
Contact information for submitter, enter email address:	<input type="text" value="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

22. 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.

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

RequiredDocument.docx

24. 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 chosen

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

25. Follow steps 22 and 23 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.

Logout

26. Select “Logout” from the left menu panel.