

CRIMINAL BACKGROUND CLEARANCE TRANSFER REQUEST

Active criminal record clearances may be transferred from one state licensed facility to another by a license applicant or licensee. **The transfer request must be submitted to the Department before the individual who is the subject of the transfer has client contact or the facility will be in violation of the the law and subject to a \$100 civil penalty.**

The license applicant or licensee who is seeking the transfer must verify the individual's identity and include a copy of the person's driver's license or a valid photo identification issued by the California Department of Motor Vehicles or by another state or the United States government if the person is not a California resident. Additionally, a Child Abuse Central Index (CACI) check must be submitted **if** the transfer is to a facility serving children and the individual has not previously submitted a CACI check or the date of the previous CACI inquiry was made prior to January 1, 1999. The CACI must be mailed directly to the Department of Justice with the applicable fee. *Note: This transfer request is for clearances only. Contact your licensing office for information about exemption transfers.*

This form may only be used to request a clearance transfer between state licensed facilities. To request a transfer between county and state licensed facilities, the requesting Licensing Agency must contact their county liaison.

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| PLEASE TYPE OR PRINT LEGIBLY | DATE: |
|-------------------------------------|-------|

PLEASE TRANSFER THE CRIMINAL RECORD CLEARANCE FOR THE FOLLOWING INDIVIDUAL:

| | | |
|-----------------------------------|------------|-----------------|
| LAST NAME | FIRST NAME | MIDDLE INITIAL |
| CA DRIVER'S LICENSE #/OR ID #: | | DOB: |
| LICENSING INFORMATION SYSTEM ID#: | | SSN: (OPTIONAL) |

FROM THE FOLLOWING FACILITY:

| | |
|-------------------|------------------|
| NAME OF FACILITY: | FACILITY NUMBER: |
| STREET ADDRESS: | |

| | | |
|------|-------|-----------|
| CITY | STATE | ZIP CODE: |
|------|-------|-----------|

TO THE FOLLOWING FACILITY: PLEASE ALSO KEEP THIS INDIVIDUAL ASSOCIATED WITH ABOVE FACILITY.

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|--|---------------------|---|
| NAME OF FACILITY: | | Transferee Association Type <input type="checkbox"/> Facility Administrator <input type="checkbox"/> Corporation Board Member <input type="checkbox"/> Employee <input type="checkbox"/> Certified Home <input type="checkbox"/> Licensee/Applicant <input type="checkbox"/> Non-client Adult Resident <input type="checkbox"/> Partnership Member <input type="checkbox"/> Spouse of Licensee |
| FACILITY NUMBER: | DATE OF EMPLOYMENT: | |
| STREET ADDRESS: | | |
| CITY | STATE | |
| <i>I certify I have verified the above individual's identity and have enclosed a copy of the individual's photo I.D.</i> | | Title (licensee, administrator, director) |
| Signature | | |

FOR DISTRICT OFFICE USE ONLY

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|-------------------------|--------------------------------------|
| DATE OF TRANSFER ENTRY: | INITIAL OF PERSON ENTERING TRANSFER: |
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