

**CRIMINAL BACKGROUND CLEARANCE TRANSFER REQUEST**

Active criminal record clearances may be transferred from one state licensed facility/organization 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/organization will be in violation of the law and subject to a \$100 civil penalty.**

The license applicant or licensee who is seeking the transfer must provide a LIC 508, and verify the individual's identity and include a copy of the person's driver's license, permanent resident card 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/organizations. To request a transfer between county and state licensed facilities, the requesting Licensing Agency must contact their county liaison.

|                                     |       |
|-------------------------------------|-------|
| <b>PLEASE TYPE OR PRINT LEGIBLY</b> | DATE: |
|-------------------------------------|-------|

**PLEASE TRANSFER THE CRIMINAL RECORD CLEARANCE FOR THE FOLLOWING INDIVIDUAL:**

|   |            |                 |
|---|------------|-----------------|
| LAST NAME   | FIRST NAME | MIDDLE INITIAL  |
| CA DRIVER'S LICENSE OR ID #/PERMANENT RESIDENT ID# (i-551): |            | DOB:            |
| LICENSING INFORMATION SYSTEM ID#:                           |            | SSN: (OPTIONAL) |

**FROM THE FOLLOWING FACILITY/ORGANIZATIONS:**

|                                |                               |           |
|--------------------------------|-------------------------------|-----------|
| NAME OF FACILITY/ORGANIZATION: | FACILITY/ORGANIZATION NUMBER: |           |
| STREET ADDRESS:                |                               |           |
| CITY                           | STATE                         | ZIP CODE: |

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

|  |                                    |   |
|--|------------------------------------|---|
| NAME OF FACILITY/ORGANIZATION:   | <b>Transferee Association Type</b> |   |
| FACILITY/ORGANIZATION NUMBER:  | DATE OF EMPLOYMENT:                | <input type="checkbox"/> Facility Administrator<br><input type="checkbox"/> Corporation Board Member<br><input type="checkbox"/> Employee<br><input type="checkbox"/> Certified Home<br><input type="checkbox"/> Licensee/Applicant<br><input type="checkbox"/> Non-client Adult Resident<br><input type="checkbox"/> Partnership Member<br><input type="checkbox"/> Spouse of Licensee<br><input type="checkbox"/> Affiliated Home Care Aide |
| STREET ADDRESS:  |                                    |   |
| CITY   | STATE                              | ZIP CODE:   |
| <i>I certify I have verified the above individual's identity and have enclosed a copy of the individual's photo I.D and LIC 508.</i> |                                    | Title ( <i>licensee, administrator, director</i> )  |
| Signature  |                                    |   |

**FOR DISTRICT OFFICE USE ONLY**

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

### PRIVACY STATEMENT

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code section 1798 et seq.), notice is given for the request of the Social Security Number (SSN) on this form. The California Department of Justice uses a person's SSN as an identifying number. The requested SSN is voluntary. Failure to provide the SSN may delay the processing of this form and the criminal record check.

In order to be licensed, work at, or be present at, a licensed facility/organization, the law requires that you complete a criminal background check. (Health and Safety Code sections 1522, 1568.09, 1569.17, 1596.871 and 1796.19). The Department will create a file concerning your criminal background check that will contain certain documents, including information that you provide. You have the right to access certain records containing your personal information maintained by the Department (Civil Code section 1798 et seq.). Under the California Public Records Act, the Department may have to provide copies of some of the records in the file to members of the public who ask for them, including newspaper and television reporters.

#### NOTE: IMPORTANT INFORMATION

The Department is required to tell people who ask, including the press, if someone in a licensed facility/organization has a criminal record exemption. The Department must also tell people who ask the name of a licensed facility/organization that has a licensee, employee, resident, or other person with a criminal record exemption.

If you have any questions about this form, please contact your local licensing regional office.