

**TRUSTLINE TO COMMUNITY CARE LICENSING
CRIMINAL BACKGROUND CLEARANCE TRANSFER REQUEST**

ATTN: CAREGIVER BACKGROUND CHECK BUREAU (CBCB)

A COPY OF ONE OF THE FOLLOWING IDENTIFICATION CARDS MUST BE SUBMITTED WITH THIS TRANSFER REQUEST:

- California Driver's License
- California I.D. Card
- Alien Registration Card
- A numbered picture I.D. issued from a state other than California

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

PLEASE ASSOCIATE THE FOLLOWING TRUSTLINE REGISTRANT:

| | | |
|-----------|------------|----------------|
| LAST NAME | FIRST NAME | MIDDLE INITIAL |
|-----------|------------|----------------|

| | | | |
|-----------------|------|-------|-----------|
| STREET ADDRESS: | CITY | STATE | ZIP CODE: |
|-----------------|------|-------|-----------|

| | |
|------------------------|------|
| CA DRIVER'S LICENSE #: | DOB: |
|------------------------|------|

| | |
|---------------------------|-----------------|
| TRUSTLINE REGISTRANT ID#: | SSN: (OPTIONAL) |
|---------------------------|-----------------|

TO THE FOLLOWING LICENSED FACILITY:

| | |
|-------------------|------------------|
| NAME OF FACILITY: | FACILITY NUMBER: |
|-------------------|------------------|

| | | | |
|-----------------|------|-------|-----------|
| STREET ADDRESS: | CITY | STATE | ZIP CODE: |
|-----------------|------|-------|-----------|

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 |

I declare under penalty of perjury that the information provided on this application is true and correct. I understand that any false statements may result in the denial or revocation of my license and/or TrustLine Registration.

| | |
|-----------|--|
| SIGNATURE | TITLE (APPLICANT, LICENSEE, ADMINISTRATOR, DIRECTOR) |
|-----------|--|

FOR LICENSING USE ONLY

CII Cleared? YES NO FBI Cleared? YES NO CACI Cleared? YES NO

| | |
|-----------------------------------|------|
| CBCB OR COUNTY EMPLOYEE SIGNATURE | DATE |
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COUNTY LICENSING OFFICES CAN VERIFY THE STATUS OF TRUSTLINE REGISTRANTS BY CALLING**(916) 653-1923**