NOTICE OF FORM CHANGE NO. 16-141				DATE
				1/24/2017
TO: County Welfare Di Supply Clerk / For Community Care L District Attorney Private and Public Other		orms Managemer	nt Unit	
Listed below is information re	egarding a form change. O	nly applicable informat	tion is shown.	
This notice updates your Ca	lifornia Department of Soc	ial Services (CDSS) C	ounty Forms Catalo	g (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	LIC 9140 (11/16)			
	Request For Course Ap	proval - Administrator	Certification Program	
		ESTIMATED PRICE		
MASTER ONLY	Free Sold			Yes XNo
New X Revised	DATE OF FORM 11/16	REPLACES 1/16		Obsolete
REQUIRED FORM-	REQUIRED FORM-	,	'	
X No Change Permitted	Substitute Permitted W		I Recommende	d Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:		OTHER:		
Department of Social Services Warehouse		X INTERNET:		
P.O. Box 980788 West Sacramento, CA 95798-0788				
, 				
	FORMS DISPOSITION	ON AND SPECIAL IN	STRUCTIONS	
DISPOSITION OF OLD SUPPLY		Destroy		
USE NEW FORM			immed	diately
USE FORM IN ACCORDANCE WITH				
All County Letter No.				
Other (specify)				
ADDITIONAL INFORMATION REGARDING FO	RM CHANGE			

http://www.cdss.ca.gov/cdssweb/entres/forms/English/lic9140.pdf

Camera-ready copies are currently available on the CDSS Internet. Go to http://www.dss.cahwnet.gov/cdssweb/FormsandPu_271.htm. Form information on forms not listed in the catalog, you may contact FMU at fmudss@dss.ca.gov.