

NOTICE OF FORM CHANGE NO. 04-297

DATE

11/02/2004

TO:
County Welfare Director
Supply Clerk / Forms Coordinator

FROM:
Forms Management Unit
(916) 657-1907

Community Care Licensing District Offices
 Private and Public Adoption Agencies

District Attorney
 Other

Listed below is information regarding a form change. Only applicable information is shown.

This notice updates your Department of Social Services County Forms Catalog.

FORM NUMBER AND TITLE TLR 4 (2/00) - Community Care Licensing To Trustline Criminal Background Clearance Transfer Request

ORDER UNIT MASTER ONLY	<input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> New <input type="checkbox"/> Revised	DATE OF FORM 2/00	REPLACES	<input checked="" type="checkbox"/> Obsolete
REQUIRED FORM- <input type="checkbox"/> No Change Permitted	REQUIRED FORM- <input type="checkbox"/> Substitute Permitted With Prior DSS Approval	<input type="checkbox"/> Recommended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		<input type="checkbox"/> Other:	

FORMS DISPOSITION AND SPECIAL INSTRUCTIONS

DISPOSITION OF OLD SUPPLY

Use until exhausted Destroy

USE NEW FORM

When supply available in DSS Warehouse Use new form effective _____

USE FORM IN ACCORDANCE WITH

All County Letter No.
 Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

Attached is a Reproducible Copy

This form is now obsolete.

Check on the internet to see if forms are available at www.dss.cahwnet.gov

For camera-ready copies of English and Spanish forms, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: fmudss@dss.ca.gov. Contact Language Services for other languages at (916) 445-6778 or by electronic mail at LTS@dss.ca.gov.

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

ATTN: TRUSTLINE REGISTRY PROGRAM

A COPY OF YOUR CALIFORNIA DRIVER'S LICENSE OR A VALID PHOTO IDENTIFICATION ISSUED BY ANOTHER STATE OR THE U.S. GOVERNMENT MUST BE SUBMITTED WITH THIS TRANSFER REQUEST.

PLEASE TYPE OR PRINT LEGIBLY	DATE:
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PLEASE ASSOCIATE THE FOLLOWING PERSON TO THE TRUSTLINE REGISTRY:

LAST NAME	FIRST NAME	MIDDLE INITIAL
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STREET ADDRESS/P.O. BOX:	CITY	STATE	ZIP CODE:
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CA DRIVER'S LICENSE #:	DOB:
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CLEARANCE ID#:	SSN: (OPTIONAL)
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FACILITY LAST ASSOCIATED WITH:

NAME OF FACILITY:	FACILITY NUMBER:
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STREET ADDRESS:	CITY	STATE	ZIP CODE:
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 PLEASE KEEP THIS PERSON ASSOCIATED WITH THE ABOVE FACILITY*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 OF TRUSTLINE REGISTRANT

THIS TRANSFER REQUEST FORM MUST BE SUBMITTED WITH A TRUSTLINE APPLICATION FORM.**FOR LICENSING USE ONLY**

CII Cleared?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	FBI Cleared?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	CACI Cleared?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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TRUSTLINE EMPLOYEE SIGNATURE:

TRUSTLINE REGISTRANT IDENTIFICATION NUMBER	DATE
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