



STATE BOARD OF
**GUIDE
 DOGS**
 FOR THE BLIND

OUT-OF-STATE FOLLOW-UP AUTHORIZATION REQUEST

Instructions

- Complete this form and submit it to the State Board of Guide Dogs for the Blind (Board) by mail, fax, or e-mail at least three business days prior to providing follow-up services. In emergency circumstances, notification may be made within 24 hours of arriving in California.
- Prior to providing follow-up services for the first time, complete the Request for Live Scan Service form on the Board’s website (www.guidedogboard.ca.gov) and bring it to a Live Scan location to get fingerprinted. Submit a copy of the Live Scan form with this Out-of-State Follow-Up Authorization Request form and any subsequent requests for follow-up authorizations.
- Prior to providing follow-up services, provide a copy of the document Follow-Up Services From Out-of-State Instructors, which can be found on the Board’s website (www.guidedogboard.ca.gov), in an accessible format to your client.

Instructor information:

first name _____ middle initial _____ last name _____

phone _____ e-mail _____ social security number _____

residence address: number and street _____ city _____ state _____ zip _____

mailing address (if different than residence): number and street _____ city _____ state _____ zip _____

school affiliation _____

date(s) services will be provided _____

Have you submitted to a fingerprint background check by the Board in the past?

Yes No If yes, on what date? (MM/DD/YYYY) _____

Background statement:

Have you ever been convicted of or pled nolo contendere/no contest to a violation of any law of the United States, in any state, local jurisdiction, or any foreign country?

Yes No If yes, please provide a written narrative describing the circumstances of the conviction and attach it to this form. If needed, the Board will send you a letter requesting additional information and you may be required to submit certified court documents pertaining to the conviction.

APPLICANT AFFIDAVIT

You must provide a written explanation for all affirmative answers. Failure to do so will result in this application being deemed incomplete.

Falsification of the information on this application may constitute grounds for denial or revocation of the approval.

Mandatory Submission. Submission of the requested information is mandatory unless otherwise specifically indicated. The Department of Consumer Affairs' California Board of Guide Dogs for the Blind (Board) cannot consider your Out-of-State Follow-Up Authorization Request application unless you provide all of the requested information—you must answer all questions on this application. Failure to provide any of the requested information may result in the application being rejected as incomplete.

Collection and Use of Personal Information. The Board collects the personal information requested on this form pursuant to Business and Professions Code Sections 30, 7200.5, and 7211.9, and Title 16 California Code of Regulations Section 2290. The Board uses this information to identify and evaluate applicants for follow-up instruction authorization, and enforce standards set by law and regulation.

Access to Personal Information. You have the right to review the records maintained by the Board that contain your personal information, as permitted by the Information Practices Act, unless confidential and exempt by Civil Code Section 1798.40. The official responsible for maintaining records is the Executive Officer at the Board's address listed on the application.

Possible Disclosure of Personal Information. We make every effort to protect the personal information you provide us. The information you provide, however, may be disclosed under the following circumstances:

- In response to a Public Records Act request (Government Code Section 6250 and following), as allowed by the Information Practices Act (Civil Code Section 1798 and following);
- To another government agency as required by state or federal law; or
- In response to a court or administrative order, subpoena, or search warrant.

Once you are registered with the Board, the address of record you enter on this application is considered public information pursuant to the Information Practices Act (Civil Code Section 1798 et seq.) and the Public Records Act (Government Code Section 6250 et seq.) and may be placed on the Internet. This is where the Board will mail all correspondence. If you do not wish your residence address to be available to the public, you may provide a P.O. Box number or a personal mail box (PMB) or the address of your employer. However, if your address of record is not your residence address, you must also provide your residence address to the Board, in which case your residence will not be available to the public.

Disclosure of your Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN) is mandatory. Section 30 of the Business and Professions Code, Section 17520 of the Family Code, and Public Law 94-455 (42 USC Section 405(c)(2)(C)) authorizes collection of your SSN or ITIN. Your SSN or ITIN will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for child or family support in accordance with Section 17520 of the Family Law Code, or for transmission to the Office of the Chancellor of the California Community Colleges for evaluation of career technical education. If you fail to disclose your SSN or ITIN, your application will not be processed and you may be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

NOTICE: Effective July 1, 2012, the State Board of Equalization and the Franchise Tax Board may share taxpayer information with the Board. You are obligated to pay your state tax obligation. This application may be denied or your license may be suspended if your state tax obligation is not paid.

APPLICANT AFFIDAVIT

(must be signed and dated by the applicant)

I, _____, hereby attest to the fact that I am the applicant whose
(print full legal name)

signature appears below. I hereby certify under penalty of perjury under the laws of the state of California to the truth and accuracy of all statements, answers, and representations made in this application, including all supplementary statements. I understand that my application may be denied, or any license disciplined, for fraud or misrepresentation.

Signature statement:

I certify under penalty of perjury under the laws of the state of California that the foregoing information is accurate to the best of my knowledge.

signature

date