

Application for Temporary County Certificate

REQUEST • *To be completed by applicant* • **PLEASE PRINT CLEARLY**

Last Name: _____ First: _____ Middle: _____

All Former Names: _____

Social Security Number: _____ Date Of Birth: _____

Street Address: _____ Email: _____

City: _____ State: _____ Zip: _____ Phone: _____

EMPLOYEE AFFIDAVIT - *Not to be completed by applicant if any of the following apply:*

1. The fitness of applicant to hold this credential or any credential is currently under review by the Committee of Credentials.
2. Applicant has an appeal currently pending from prior denial of this credential by the Commission or Committee of Credentials.
3. Applicant's credentials are currently under disciplinary suspension or revocation.
4. Applicant is aware he does not meet minimum requirements for credential sought.

I certify (or affirm) under penalty of perjury that I have provided true and accurate statements of all facts relating to my professional and personal qualifications for the performance of service requiring certification; and that I have submitted my complete applications for Credential Authorizing Public School Service to California Commission on Teacher Credentialing together with the required fee. I am aware that such application may be denied on any of the grounds provided by EC44345 or 44346, but to the best of my knowledge no reason exists why I should not be issued this certificate or permit.

Credential Title: _____

Credential Term: _____ Effective Date: _____

Subject Areas: _____

Supp. Authorization: _____

Subject Matter Authorization: _____

Signature of Applicant: _____ Date: _____

Do Not Write Below This Line or Detach