CSO-1329A (02-19) ARIZONA DEPARTMENT OF CHILD SAFETY

OFFICE OF LICENSING AND REGULATION (OLR)

FOSTER HOME LICENSING

**PERMISSION FOR TRANSFER OF RECORD**

This completed form shall be submitted via Onbase  
 [https://azdcs.onbaseonline.com/azdcs/HTMLForms/AZDCS\_IntakeForm.html](https://na01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fazdcs.onbaseonline.com%2Fazdcs%2FHTMLForms%2FAZDCS_IntakeForm.html&data=02%7C01%7CCandice.Winters%40AZDCS.GOV%7C6b812eae4f1b46a89bbf08d67670f335%7C45e362692a6c41ccacf12d7382c0efee%7C0%7C0%7C636826624833617618&sdata=r0MqhoDqj2jQrYv8WKBD94R1xv2KE8Ti0JmXl35jusY%3D&reserved=0) by the receiving agency.

**An incomplete form will be returned and may result in a delay.**

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| License Identification Number:  *(from Quick Connect)* |  | Is the License active?  Yes  No |

By signing this document the Receiving Agency Representative acknowledges that information has been reviewed to accept the transfer of this provider. *(Examples of items that should be considered prior to transfer include, but are not limited to, the expiration date of the current license, any outstanding or recently completed Corrective Action Plans or investigations, the current status of the license, etc.)*

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| SUPERVISOR FOR RECEIVING AGENCY (Name Printed or Typed) | | SIGNATURE | | | | DATE |
| **Additional Information** | | | | | | |
| LICENSEE’S NAME (Last, Middle, First) | | | | DATE OF REQUEST | | |
| LICENSEE’S ADDRESS (No., Street, City, State, ZIP) | | | | | | |
| LICENSE TRANSFER (Sending agency’s name)  **From:** | | | LICENSE TRANSFER (Receiving agency’s name)  **To:** | | | |
| RECEIVING AGENCY SPECIALIST’S NAME (Type or print) | | | | | | |
| SENDING AGENCY SUPERVISOR’S SIGNATURE | | | | | | |
| Recommended Effective Date of Transfer: | Have you consulted the sending agency and are they in  agreement with the recommended effective date? | | | | Yes  No | |
| By signing this document, the applicant/licensee gives permission to OLR to release all electronic files (including Quick Connect File) and other related records to the receiving agency. | | | | | | |
| LICENSEE/APPLICANT’S NAME (Type or print) | | SIGNATURE | | | | DATE |
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