

Division of School Financial Services Certification Section - Room 150 9300 Imperial Highway, Downey, CA 90242-2890

REQUEST FOR COUNTY REGISTRATION Chief Administrative Officer Credential Waiver (EC 35029)

For School Financial Services Use Only.

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	REGISTRATION DATE				
	REGISTRATION NO.				
	TYPE/TITLE CODE - RESTRICTED TO DISTRICT				

NAME AND ADDRESS OF EMPLOYING SCHOOL DISTRICT					
INAMIE AND ADDRESS OF EMPLOTING SCHOOL DISTRICT					
Applicant Information (To be cor	mpleted by applicant)				
TYPE OR PRINT NAME OF APPLICANT (LAST, FIRST, MIDDLE)					
MAIDEN OR FORMER NAME	SOCIAL SECURITY N	JUMBER	BIRTHDATE		
CHECK ONE PREVIOUS	DISTRICT/COUNTY EXPERIENCE				
CHECK ONE PREVIOUS	DISTRICT/COUNTY EXPERIENCE				
☐ Initial ☐ Renewal					
Applicant Affidavit					
Applicant Amuavit					
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 performance of service requiring certification; and that I have submitted all					
required documents per EC 35029 to the district for board approval, authorizing public school service.					
regarded decarries no per the decarter for beard approved, authorizing public content control.					
Signed this Day of, Californ					
Day of		, Oity or	, Camorna		
<u>X</u>					
SIGNATURE OF APPLICANT					
Employment Information Per EC 35029 (To be completed by employer)					
PRINT TITLE OF JOB ASSIGNMENT	•	PERIOD OF EMPLOYMENT (DATES MUST MATCH THE SUPERINTENDENT'S CONTRACT PERIOD)			
			,		
DATE DO LOI FARANCE WAS DESCRIVED	FROM	WALLD MON EXPIRED COC. ACCC. CD	TO EDENTIAL OR PERMIT WAS GRANTED BY THE		
DATE DOJ CLEARANCE WAS RECEIVED	CTC WITH AN EFFECTIVE DATE OF:	, VALID NON-EXPIRED COC, ASCC, CR	EDENTIAL OR PERMIT WAS GRANTED BY THE		
 I have determined that the above na 					
employed by the district board of education as Chief Administrative Officer of the school district.					
2. I have attached board approved minutes waiving any credential requirements for the above named individual.					
3. I certify that the foregoing information is true and accurate, and this affidavit is signed under penalty of perjury.					
5. I certify that the foregoing information is true and accurate, and this allidavit is signed under penalty of perjury.					
SCHOOL DISTRICT NAME					
PRINT OR TYPE FIRST AND LAST NAME OF AUTHORIZED EMPLOYING OFFICIAL TITLE OF AUTHORIZED EMPLOYING OFFICIAL					
CIONATURE OF AUTHORIZED COLICOL EMPLOYING CEFICIA			DATE CIONED		
SIGNATURE OF AUTHORIZED SCHOOL EMPLOYING OFFICIAL	-		DATE SIGNED		

Education Code Section 35029. allows the governing board to waive the credential of the Chief Administrative Office of that school district.

A local governing board may waive any credential requirement for the Chief Administrative Officer of the school district under its jurisdiction. Any individual serving as the Chief Administrative Officer of a school district who does not hold a credential may be required by the local governing board to pursue a program of in-service training conducted pursuant to guidelines approved by the commission.

Submit completed form to address at top of form.