

PERMISSION FOR TRANSFER OF RECORD

The information must be complete or the form may be returned, which may cause a significant delay.

License Identification Number (from Quick Connect): _____

By signing this document the Receiving Agency Representative acknowledges that sufficient 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..)

Agent 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 OLCR 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: _____

Licensee/Applicant's Name (Type or print): _____

Signature: _____ Date: _____

This completed form should be faxed to **602-257-7044** by the receiving agency using the prescribed **OLCR Transmittal Cover Page**. No changes to the license conditions or parameters may be requested as part of the Permission for Transfer of Record.