



AFFIDAVIT FOR TRANSFER OF BACKGROUND CLEARANCE

I, _____ / / , hereby certify that I received a BCU background check clearance letter
(Full Name) (Date of Birth)
within the last 180 days for one of the following:

Please check one:

- Facility Care:
- Registered or Licensed Home Care

Name of Facility or Home Provider

Address

City State Zip

I further certify that I have not been charged with any crime, have not been named as the alleged perpetrator of abuse or neglect of a child or adult and have not been the respondent in a domestic violence petition since I was cleared.

Please list the name and address of the facility or home provider you would like to transfer to:

Name

Address

City State Zip

I, _____ under PENALTY OF PERJURY, swear that this affidavit is true and complete.
(Full Name)

Signature of Applicant

Date

STATE OF NEW MEXICO)

) ss.

COUNTY OF _____)

Subscribed and sworn to before me this _____ day of _____, 20____.

this (SEAL) _____

(NOTARY PUBLIC)

MY COMMISSION EXPIRES: _____

CYFD BCU USE ONLY:

This affidavit has been reviewed in accordance with all applicable regulations found at New Mexico Administrative Code, Title 8, Chapter 8, Part 3 Governing Background Checks and Employment History Verification.

This affidavit is approved. This approved affidavit serves as clearance documentation for the new setting.

This affidavit is denied. The applicant must reapply for a new background check.