NOTICE OF FORM CHANGE NO. 06-157					DATE 02/07/2007
To: County Welfare Director Supply Clerk / Forms Coordinator			FROM: Forms Management Unit (916) 657-1907		
			District Attorney Other		
Listed below is information re	egarding a form change. Or	nly applica	ble information is show	/n.	
This notice updates your Dep	partment of Social Services	County F	orms Catalog.		
FORM NUMBER AND TITLE LIC 9188	- Criminal Record Exempt	ion Transf	er Request		
MASTER ONLY Sold		ESTIMATED PRICE		INITIAL SUPPLY SENT	
☐ New ☐ Revised	DATE OF FORM 12/06	REPLACES 9/03		Obsolete	
REQUIRED FORM- No Change Permitted	REQUIRED FORM- Substitute Permitte	ed With Pr	rior DSS Approval	Red	commended Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788			Other:		
	FORMS DISPOSITION	ON AND S	SPECIAL INSTRUCTIO	NS	
DISPOSITION OF OLD SUPPLY Use until exhausted		⊠ De	stroy		
USE NEW FORM ☐ When supply available in DSS Warehouse		⊠Use	☐ Use new form effective 12/06		
USE FORM IN ACCORDANCE WITH All County Letter No. Other (specify)					
ADDITIONAL INFORMATION REGARDING FOR http://www.dss.cahwnet.gov/					

Check on the internet to see if forms are available at www.dss.cahwnet.gov

For camera-ready copies of English and Spanish forms, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: fmudss@dss.ca.gov. Contact Language Services for other languages at (916) 651-8876 or by electronic mail at LTS@dss.ca.gov.