NOTICE OF FORM CH	ANGE NO. 07-083				date 12/13/2007
TO: County Welfare Din Supply Clerk / Forr Community Care L District Attorney Private and Public Other		FROM: Forms Management Unit (916) 657-1907			
Listed below is information re	egarding a form change. (Only applicable informa	tion is show	'n.	
This notice updates your Ca	lifornia Department of So	cial Services (CDSS) C	County Form	is Catalog	(PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	LIC 508D (12/07) Out-	Of-State Disclosure An	d Criminal F	Record Sta	atement
ORDER UNIT		ESTIMATED PRICE			INITIAL SUPPLY SENT
MASTER ONLY	Free Sold				🗌 Yes 🛛 🕅 No
🗌 New 🛛 🖂 Revised	DATE OF FORM 12/07	replaces 9/07			Obsolete
REQUIRED FORM-	REQUIRED FORM-	1		1	
No Change Permitted	Substitute Permi	tted With Prior DSS Ap	proval	Reco	ommended Form
UNLESS OTHERWISE SPECIFIED STO Department of Social Servi P.O. Box 980788					
West Sacramento, CA 9579					
	FORMS DISPOSIT	ION AND SPECIAL IN	STRUCTIO	NS	
DISPOSITION OF OLD SUPPLY		Destroy			
USE NEW FORM		⊠ Use new form	\boxtimes Use new form effective <u>12/07</u>		
All County Letter No.					
Other (specify)					
ADDITIONAL INFORMATION REGARDING FO	RM CHANGE				

http://www.dss.cahwnet.gov/cdssweb/entres/forms/English/LIC508D.PDF

Camera-ready copies are currently available on the CDSS Internet. Go to www.dss.cahwnet.gov/cdssweb/FormsandPu_271.htm. Form information on forms not listed in the catalog, you may contact FMU at (916) 657-1907 or by e-mail at fmudss@dss.ca.gov.

Contact Language Services for other languages at (916) 651-8876 or by e-mail at LTS@dss.ca.gov.