SAN DIEGO COUNTY OFFICE OF EDUCATION
TEMPORARY COUNTY CERTIFICATE

Per Education Code 44332, approval of this application / affidavit by the San Diego County Office of Education constitutes issuance of a temporary county certificate valid for not more than one year or until the credential / permit applied for has been issued or denied by the Commission on Teacher Credentialing.

SECTION 1 - TO BE COMPLETED BY APPLICANT (Please Print)

Name: _____
Last | First | Middle Initial | Former / Maiden Names

Address: _____
Street | City | State | Zip

( ) - / / - -
Phone | Birth Date | Social Security Number

AFFIDAVIT

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 the performance of service requiring certification; and that I have submitted my complete 'Application for Credential Authorizing Public School Service' (41-4) or 'Renewal & Reissuance Application' (41-REN) to the California Commission on Teacher Credentialing together with the required fee.

I am aware that such application may be denied on any of the grounds provided by the Education Code 44345, 44346, 87289 or 87290, but to the best of my knowledge no reason exists why I should not be issued this credential or permit.

_____ _____
Signature of Applicant | Date

SECTION 2 – TO BE COMPLETED BY SCHOOL DISTRICT OR SDCOE

_____ requests that a temporary county certificate be issued to the person named above.
Name of School District or SDCOE

_____ _____ _____
Signature of Authorized District or SDCOE Official | Title | Date

Application submitted through: ☐ CCTC ☐ College _____ ☐ District ☐ SDCOE

Term of credential / permit : ☐ Emergency ☐ Preliminary ☐ Professional Clear ☐ Clear ☐ Other _____

Exact title of credential / permit applied for: _____

SECTION 3 – SDCOE USE ONLY

☐ 41-4 / 41-REN ☐ CBEST ☐ Diploma ☐ Professional Growth ☐ Statement of Intent

☐ 41-CIC ☐ CSET ☐ Transcripts ☐ Verification of Service ☐ CL-469

☐ 41-LS / DUAL ☐ CLAD / BCLAD ☐ BA / MA / PhD ☐ Evaluations District: _____

☐ _____

☐ First-time ☐ Renewal ☐ New Type ☐ Add FP _____ Access _____ Bridge _____

Fee:	Term:	CCTC Code:	Authorized Field:	TCC Issue Date:	TCC Exp Date:	Deputy and Date: