



Affidavit of Application
Marin County Office of Education

Mary Jane Burke
Marin County Superintendent of Schools
1111 Las Gallinas Avenue
San Rafael, CA 94903

Print Name: _____
Last First Initial

Social Security No. _____ Date of Birth: _____
(Your social security number and birthdate are requested for identification purposes only)

AFFIDAVIT OF APPLICATION

I certify (or affirm) that on _____, 20 _____ I applied for the following California credential:

Type _____ Year of expiration _____

Renewal Professional Clear Preliminary Emergency Other _____

Subject _____ Or Services _____

I further 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. I am aware that such application may be denied on any of the grounds provided by Education Codes 44345, 44346, 87289, or 87296, but to the best of my knowledge no reason exists why I should not be issued this credential or permit.

I acknowledge that this Temporary County Certificate is valid for (whichever comes first) up to six (6) months or until the credential requested is either granted or denied by the issuing agency. I further acknowledge that to render certificated service without the proper credential will be in violation of Education Code 45034 or 87808.

I agree to bring or mail my credential to the Marin County Office of Education, upon receipt, to be registered. I understand that this is required by law before I can teach or serve in any public school in Marin County.

I am currently employed as a(n) _____ with _____
Administrator, teacher, substitute, etc. Name of District

Signed _____ Home Address _____

City _____ Zip _____ Home Telephone _____
Code _____

TEMPORARY COUNTY CERTIFICATE
County Use Only

This is to certify by action of the Marin County Board of Education, on the date shown below, the Marin County Office of Education does hereby grant a Temporary County Certificate for service in Marin County for a period of up to six (6) months as authorized by the above-named credential and Education Codes 44332 and 87212.

School District _____ Affidavit expires six (6) months from _____

By _____ Title _____ Board Approval Date _____

TCC# _____ Expires in six months on: _____

The Issuance of a Temporary County Certificate

1. A Temporary County Certificate is a document that bridges the gap between the application for and actual receipt of a credential from the Commission on Teacher Credentialing. It provides temporary credentialing for the purpose of employment of an employee, i.e. teacher, administrator, or service personnel.
2. The employee must sign the affidavit of application verifying that they have completed requirements and submitted paperwork to the Commission on Teacher Credentialing for processing of their credential.
3. The Temporary County Certificate is valid for six months or until the credential requested is either granted or denied by the issuing agency. If the credential is denied the Temporary County Certificate also becomes invalid on the date of notification.
4. The Marin County Office of Education Board approves the issuance of the Temporary County Certificates monthly; upon approval, a copy of the TCC will be sent to the employing district.
5. The Marin County Office of Education will notify the employing district of the CTC decision when the County Office is the sole agency of notification.

For District Distribution:

Please inform the candidate that copies of all supporting documents must accompany the application.