



Temporary County Certificate

TCC Valid only if dates and deputy initials are marked below

Receipt ONLY

Receipt Valid only if payment confirmation is attached

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 LEGIBLY)

Last Name		First		MI	
Former/Maiden Names					
Street Address				Apt/Unit #	
City		State		Zip	
Phone			Email		
SSN			Birth Date		

AFFIDAVIT: I certify (or affirm) under penalty of perjury that I have, or that I will, 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 have been recommended online 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		Date	
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SECTION 2 – TO BE COMPLETED BY SCHOOL DISTRICT OR SDCOE

Application submitted through: SDCOE CTC CDTC IHE _____ OTHER _____

TERM: Emergency Preliminary Clear Child Development Waiver Certificate of Eligibility Limited Assignment Other

TYPE: 30-Day Sub Permit Multiple Subject Single Subject Education Specialist Pupil Personnel Administrative Other

Other TYPE or SUBJECT: _____

Dist # :		Signature & Title :		Date	
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SECTION 3 – TO BE COMPLETED BY SDCOE ONLY

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> 41-4 | <input type="checkbox"/> Foreign Transcript Eval | <input type="checkbox"/> BSR: CBEST / Degree / Other | <input type="checkbox"/> Verif. of Serv/Experience |
| <input type="checkbox"/> 41-LS | <input type="checkbox"/> Transcripts | <input type="checkbox"/> CSET | <input type="checkbox"/> Performance Evaluations |
| <input type="checkbox"/> Prof Fit Forms (OA-EF) | <input type="checkbox"/> AA / BA / MA / PhD | <input type="checkbox"/> CTEL | <input type="checkbox"/> CDTC Forms |
| <input type="checkbox"/> CofC / CofE | <input type="checkbox"/> Course Descriptions | <input type="checkbox"/> CPACE | <input type="checkbox"/> WV-1 |
| <input type="checkbox"/> Intent/Consent | <input type="checkbox"/> Verif. of Enrollment | <input type="checkbox"/> Appeal Letters | <input type="checkbox"/> WV Recruitment |
| <input type="checkbox"/> OOS / OOC _____ | <input type="checkbox"/> Verif Rec by LEA / C-19 Letter | Teacher / District / Program | <input type="checkbox"/> WV Public/Board Item |
| <input type="checkbox"/> Document on File | <input type="checkbox"/> CL - _____ | | <input type="checkbox"/> WV Progress Letter |

Additional Notes _____

OLS 1st Time Renewal New Type Add Appeal/Ext RGA: _____ Ed Code Option

<input type="checkbox"/> CTC Recommend	FP	WS	PS
CofC Date:			

Fee	Term	CTC Code	Auth Field(s)	TCC Issue Date	TCC Exp Date	Deputy

Check Your Application Status: www.ctc.ca.gov (Search for an Educator)

SDCOE Form A120 / TCC Revised 03.2025

Child Development Permit Receipt ONLY

ALL 30-day Sub Permits are Receipt ONLY