



Authorized Person Revocation Form

**NYS Justice Center for the Protection
of People with Special Needs
Criminal Background Check Unit**

**Fax: 518-549-0464
Email: cbc@JusticeCenter.ny.gov**

Please complete this section only if you wish to revoke an Authorized Person:

This section must be completed by the Chief Executive Officer of an agency/provider of services, the Director of a DDSO, or in the case of a registered provider that does not have a Chief Executive Officer in its local area, then the person designated by the registered provider to have primary responsibility for its local operations.

Name of Authorized Person _____

Name of Agency/Provider _____

Authorized Person's work email address _____

Authorized Party status is revoked. Effective Date of Revocation _____

Name of CEO/Director/Local Responsible Party _____

- _ Agency/Provider of Services CEO
- _ DDSO Director
- _ Registered Provider Local Responsible Party

Signature _____ Date _____

Please complete this section only if you wish to revoke a Designee/Agent:

This section must be completed and signed by the Authorized Person.

Name of Designee/Agent _____

Designee/Agent's work email address _____

Designee status is revoked. Effective Date of Revocation _____

Name of Authorized Person _____

Signature _____ Date _____