



**Justice Center for the  
Protection of People  
with Special Needs**

**Authorized Person Revocation Form**

Criminal Background Check Unit  
Fax: 518-549-0464  
Email: [cbc@JusticeCenter.ny.gov](mailto: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 \_\_\_\_\_

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: \_\_\_\_\_