



Justice Center for the Protection of People with Special Needs

Authorized Person Revocation Form

**Criminal Background Check;
Staff Exclusion List Check; and/or
Administrative Actions Reporting
Mechanism**

Fax: 518-549-0464

Email: cbc@JusticeCenter.ny.gov

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

Name of Authorized Person _____

Name of Agency/Provider _____

Agency/Provider Code (ID) _____

Authorized Person's work email address _____

- Authorized Person CBC status is revoked
- Authorized Person SEL status is revoked
- Authorized Person AARM status is revoked

(Please check as appropriate)

Effective Date of Revocation _____

Print Name of CEO/Director/Local Responsible Party _____

Signature _____

Date _____

This form must be completed and submitted within 14 days of an AP no longer serving in an AP capacity.