Sole Proprietor Vendor Certification of Criminal Background Clearance,* Tuberculosis (TB) Clearance, and Credential Verification

Charter schools are required to comply with all applicable state and federal legal requirements, including but not limited to, criminal background clearances and fingerprinting requirements and TB risk assessment/clearance and credentialing requirements. (Ed. Code, §§ 45125.1 et seq., 49406, and 47605(l).) To protect the safety of any pupil that may interact with an employee of an entity that is a sole proprietorship and has a contract as described in subdivision (a) of Education Code section 45125.1 or that is required to comply with this section for other employees pursuant to subdivision (c) of Education Code section 45125.1, a local educational agency shall prepare and submit the employee's fingerprints to the Department of Justice, as described in Education Code section 45125.1(a).

With respect to the Agreement/Contract (Number _____) between _____ ("CHARTER SCHOOL") and the sole proprietor, _____ ("VENDOR") for provision of school site services provided to the CHARTER SCHOOL.

PLEASE CHECK ALL APPLICABLE BOXES AND SIGN BELOW

CLEARANCE AND CREDENTIAL/LICENSE REQUIREMENTS SATISFIED:

☐ A. The VENDOR hereby certifies to the CHARTER SCHOOL Governing Board that, if VENDOR may have frequent or prolonged contact with students, has undergone a risk assessment and/or been examined and determined to be free of active tuberculosis (TB) within the period of 60 days prior to employment/service, or otherwise meets the requirements of Education Code section 49406, and VENDOR maintains current TB clearance.

☐ B. The VENDOR hereby certifies to the CHARTER SCHOOL Governing Board that VENDOR assignment at the CHARTER SCHOOL which requires a teaching or substitute credential or license, holds a current, valid credential or license appropriate for the assignment as required by Education Code section 47605(l).

List below the VENDOR information for the requisite TB risk assessment/clearance and credential and/or license verification (as applicable) in accordance with the provisions above.

TB Clearance Date	TB Expiration Date	Credential(s)/License(s) Type and Expiration Date(s)

By signing below, under penalty of perjury, I certify that the information contained on this certification form is accurate and that it may be uttered or published as true. I further attest that I will maintain, update, and provide the CHARTER SCHOOL with current, accurate, and complete information related to my personal TB risk assessment/clearance and credential(s)/license(s), as applicable, throughout the duration of services provided by VENDOR. The individual signing this form warrants that they are authorized to do so, and further, that they are authorized to make the promises in this form on behalf of the VENDOR.

Authorized Vendor Signature | Printed Name | Title | Date

CHARTER SCHOOL CERTIFICATION

By signing below, under penalty of perjury, I certify that I have reviewed the information contained on this certification form. I further attest that CHARTER SCHOOL will ensure VENDOR provides an updated current and complete certification form to CHARTER SCHOOL, as appropriate, to continue provision of services to CHARTER SCHOOL in accordance with applicable requirements. The individual signing this form warrants that they are authorized to do so, and further, that they are authorized to make the promises in this form on behalf of the CHARTER SCHOOL.

Authorized Charter School Representative Signature | Printed Name | Title | Date

***Charter School must attach the completed *Criminal Background Clearance Certification (Sole Proprietor)* form**