

**A4. LIC 308 – DESIGNATION OF FACILITY RESPONSIBILITY**

- This form identifies the person authorized by the licensee to act in the licensee's absence. **A LICENSEE CANNOT DESIGNATE HIMSELF/HERSELF.**
- ▢ If the applicant is a corporation or limited liability company, a board resolution must authorize the delegation.
- ▢ The LIC 308 must have an original signature(s). The licensing agency will not accept photocopied signatures on this form.

### DESIGNATION OF FACILITY RESPONSIBILITY

Licensed facilities are required to have an authorized person continuously present at the facility during operational hours to represent the facility and to accept licensing reports. Licensees shall use this form to delegate the above authority to appropriate staff. Applicants/licensees who are corporations shall attach board resolutions authorizing this delegation.

Facility Name \_\_\_\_\_ Date \_\_\_\_\_

Facility Number \_\_\_\_\_

Facility Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_

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In the event of my absence I designate \_\_\_\_\_ <sup>NAME</sup> He/She is authorized to receive any documents including reports of inspections and consultations, accusations and civil and administrative processes on my behalf at the above-named facility.

When delegating authority to appropriate staff, Residential Care Facilities for the Elderly shall comply with CCR Title 22, Division 6 Section 87564. Child Care Centers shall comply with CCR Title 22, Division 12 Section 101215.1 and other licensed facilities shall comply with CCR Title 22, Division 6 Section 80064.

I (We) shall notify the licensing agency, in writing, within 10 days of any change in the above authorization.

\_\_\_\_\_  
Signature of applicants/licensees

\_\_\_\_\_  
Title

\_\_\_\_\_  
Address

\_\_\_\_\_  
City County Zip