

## REQUEST FOR MODIFICATION OF THE TERMS OF THE REGISTRATION/LICENSE

Facility/Licensee Name	Street Address			Reeregistration/License Number
City	State	Zip Code	County	Telephone Number
<b>Specific Modification Request</b>				
<input type="checkbox"/> Change of Capacity      Explain:				
<input type="checkbox"/> Change of Use Space      Explain:				
<input type="checkbox"/> Change of Age Ranges      Explain:				
<input type="checkbox"/> Program Components      Explain:				
<input type="checkbox"/> Other      Explain:				
Additional Comments				
Registrant/Licensee Signature				Date

**PLEASE RETURN TO YOUR LICENSING CONSULTANT AT YOUR  
 LOCAL LICENSING OFFICE**