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| CHILD CARE LICENSING INFORMATION REQUEST | | | | | | | | | | | | | | | | | | | | |
| STATE OF MICHIGAN | | | | | | | | | | | | | | | | | | | | |
| Department of Licensing and Regulatory Affairs  Child Care Licensing Bureau | | | | | | | | | | | | | | | | | | | | |
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| The purpose of this form is to collect identifying information on specific individuals associated with the child care license. | | | | | | | | | | | | | | | | | | | | |
| DIRECTIONS FOR COMPLETING FORM:   * Type or print CLEARLY so that the information provided can be read. * Please do not leave any boxes blank as this information is necessary for licensing. * This information is required for the following individuals: Applicant, Licensee, Licensee Designee, Program Director, and/or Adult Household Member. * This form shall not be completed for Child Care Staff or Volunteers. | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| MAIL COMPLETED FORM TO:  Michigan Department of Licensing and Regulatory Affairs  Child Care Licensing Bureau  P O Box 30664  Lansing, MI 48909  Licensing Consultant (if known): | | | | | | | | | | | | | | | | | | | | |
| LICENSEE/APPLICANT NAME | | | | | | | | | | County | | | LICENSE NUMBER (If assigned) | | | | | | | |
|  | | | | | | | | | |  | | |  | | | | | | | |
| LICENSE/APPLICATION TYPE **(check only one box)**: | | | | | | | | | | | | | | | | | | | | |
|  | Family/Group Child Care Home **-OR-** | | | | | | |  | Child Care Center | | | | | | | | | | | |
| THE PERSON BEING CLEARED IS **(check only one box)**: | | | | | | | |  |  | | | | | | | |  | | | |
|  | Applicant/Licensee | | | | | | |  | Licensee Designee (Centers Only) | | | | | |  | | | Program Director | | |
|  | Adult Member of Household: Specific relationship to applicant/licensee/registrant: | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | |
| NAME OF PERSON BEING CLEARED (Last, First, Middle Jr., II, etc.) | | | | | | | | | | GENDER | BIRTH DATE | | | SOCIAL SECURITY NUMBER | | | | | | |
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| MARITAL STATUS | | Divorced  Widowed | | | | ALSO KNOWN AS (Aliases, Maiden Name, Previous Married Names) | | | | | | | | | | | | | | |
| Single  Married | |  | | | |  | | | | | | | | | | | | | | |
| ADDRESS (Street Number and Name) | | | | | | | | | | MICHIGAN DRIVERS LICENSE OR STATE ID NUMBER | | | | | | | | | | |
|  | | | | | | | | | |  | | | | | | | | | | |
| CITY | | | COUNTY | | STATE | | ZIP CODE | | | PHONE NUMBER | | RACE | | | | | | | HEIGHT | WEIGHT |
|  | | |  | |  | |  | | |  | |  | | | | | | |  |  |
| HOW LONG HAVE YOU LIVED IN MICHIGAN? | | | | | | | | | | OTHER STATES/COUNTRIES RESIDED IN DURING PAST 5 YEARS? | | | | | | | | | | |
|  | | | | | | | | | |  | | | | | | | | | | |
| SIGNATURE | | | | | | | | | | | | | | | DATE | | | | | |
|  | | | | | | | | | |  | | | | | | | | | | |
| (Licensing Use Only) | | | | | | | | | | | | | | | | | | | | |
| SECRETARY OF STATE DISCREPANCY  NO  YES | | | | INITIALS/DATE | | | | | | PREVIOUS REGISTRATION/LICENSE  NO  YES  CLOSED | | | | | | INITIALS/DATE | | | | |
| INDIVIDUAL ON CENTRAL REGISTRY  (If Applicable)  NO  YES  N/A | | | | INITIALS/DATE | | | | | | REGISTRATION/LICENSE NUMBER | | | | | | ADVERSE ACTION?    Yes  NO | | | | |