

**APPLICATION FOR A CHANGE IN A
FAMILY CHILD CARE LICENSE OR RESIDENTIAL CERTIFICATE**

IDENTIFYING INFORMATION

Provider Type Licensed Family Residential Certificate

Name: _____ Phone Number: _____

Street Address: _____

City & Zip Code: _____

Interpreter's Name, if applicable: _____

Do you have a new email address? If yes, enter it:

REQUESTED CHANGE

Mark all that apply and submit all required documents. A \$31.00 fee will be charged for more than two changes in a licensing year.

1. **Increase in Your Capacity**

This request may not conflict with local ordinances

- Requested **INCREASE** in capacity: _____ Requested new total capacity: _____
- Submit a copy of a new fire clearance or a copy of a document from the local fire authority stating a new fire clearance is not required.
- Submit a copy of a new business license or a copy of a receipt verifying application or a copy of a document from a city/county employee stating a new business license is not required.

2. **Change of Type**

Requested Type: Licensed Family Residential Certificate

- Submit background screening forms and fees and, when required, fingerprints and the fingerprint processing fee for all new Covered Individuals.
- Submit a copy of a new fire clearance or a copy of a document from the local fire authority stating a new fire clearance is not required.
- Submit a copy of a new business license or a copy of a document from a city/county employee stating a new business license is not required.

3. **Change of Licensee or Certificate Holder Name**

New name: _____

CERTIFICATION OF UNDERSTANDING

I understand that this document serves as the formal request upon which a licensing decision will be based.

I agree, for the purpose of determining compliance with child care licensing rules established by the Department of Health and Utah State licensing laws, to allow authorized Department of Health representatives with proper identification to:

1. Enter and inspect any part of the facility, property and premises without a warrant any time children are in care.
2. Review facility documents.
3. Interview caregivers, children, employees, and others as necessary.

I agree to read and follow the child care rules and laws established by the State of Utah.

I authorize investigation of all statements contained herein and understand that misrepresentation or omission of facts may result in denial of my application.

I do hereby state that, based on my best information and belief, no employee, volunteer, owner, or member of a governing body of this facility has ever been convicted of a felony or a misdemeanor, had a supported finding of child abuse or neglect from the Department of Human Services, or had a substantiated finding from a juvenile court of severe abuse or neglect of a child.

I do hereby state that the information provided on this application is true and correct to the best of my knowledge.

Signature of Facility Representative

_____/_____/_____
Date

CONTACT INFORMATION

Web

childcarelicensing.utah.gov

Mailing Address

Child Care Licensing
PO Box 142003
Salt Lake City, UT 84114-2003

North Region

Location Address
(Do **NOT** mail items to this address)
3760 South Highland Drive, Room 403
Salt Lake City, UT 84106

Phone: (801) 273-6617
Toll Free: 1-888-287-3704
Fax: (801) 273-4145

South Region

Location Address
(Do **NOT** mail items to this address)
150 East Center Street, Suite 3200
Provo, UT 84606

Phone: (801) 374-7688
Toll Free: 1-800-894-2588
Fax: (801) 371-1168