

**Application for a NEW Family Child Care License or Residential Certificate**

**Note:** It may take up to 60 days to process your **completed** application, or 120 days if FBI fingerprint clearances are required. An application is considered complete when **all** required items listed below in Section C have been received by the Bureau.

Mark which one you are applying for:  License  Residential Certificate (RC)

**SECTION A. IDENTIFYING INFORMATION:**

Applicant Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Program Name: \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_

(Complete Program Name only if your child care program has a name, in addition to your own name.)

Mailing Address: \_\_\_\_\_

City & Zip Code: \_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_

Facility Street Address: \_\_\_\_\_

City & Zip Code: \_\_\_\_\_

Interpreter's Name (if applicable): \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Food Program Sponsor (if applicable): \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Have you been a licensed or certified child care provider in Utah before?  Yes  No

# of **unrelated** children you want to care for: \_\_\_\_\_

**(The Bureau does not regulate providers who only care for related children.)**

Total # of children you want to care for, including your own and any related children if they are under age 4:  8  16

**(Residential Certificate Providers may only care for up to 8 children.)**

**SECTION B. HOUSEHOLD MEMBERS**

You must complete the following information for every person living in your home, including yourself. Copy and use additional pages if needed to include everyone.

Name	Date of Birth	Name	Date of Birth
	____/____/____		____/____/____
	____/____/____		____/____/____
	____/____/____		____/____/____
	____/____/____		____/____/____
	____/____/____		____/____/____
	____/____/____		____/____/____
	____/____/____		____/____/____
	____/____/____		____/____/____
	____/____/____		____/____/____
	____/____/____		____/____/____

