

Annual Renewal of CBS/MIS Criminal History Information for Licensed Family & Residential Certificate Child Care Providers

Utah Department of Health – Bureau of Child Care Licensing, Southern Region
150 East Center Street, Suite 3200, Provo, Utah 84606

Provider's Name (please print): _____ License/Certificate #: _____

Provider's Address (Include city & zip): _____

I certify this request is made pursuant to Utah Code 26-39-107, for renewal of a child care license or certificate, and that all information provided on this form is true and accurate. I further certify that a Statement of Disclosure has been signed by all individuals listed below and is on file at this residence. I understand that these signed forms must be provided upon request. I certify that all information provided herein is true and correct, and includes all owners, substitutes, employees, volunteers, and all individuals age 12 and older who reside at this licensed/certified residence.

Provider Signature: _____ Date: ____/____/____ Phone: (____) _____ Cellular: (____) _____

* You must ✓ mark next to the Last Name of any individual below who has had a criminal arrest, warrant, or conviction since your last annual background clearance. Documentation and/or explanation regarding such incidents must be attached for Department review.

YOU MUST TYPE OR PRINT IN BLACK INK.

Sex M / F	Last Name *	First Name	Middle Name	Lives in Provider's Home?	Date of Birth	Social Security #	Driver's License #
				<input type="checkbox"/> Yes <input type="checkbox"/> No			
				<input type="checkbox"/> Yes <input type="checkbox"/> No			
				<input type="checkbox"/> Yes <input type="checkbox"/> No			
				<input type="checkbox"/> Yes <input type="checkbox"/> No			
				<input type="checkbox"/> Yes <input type="checkbox"/> No			
				<input type="checkbox"/> Yes <input type="checkbox"/> No			
				<input type="checkbox"/> Yes <input type="checkbox"/> No			
				<input type="checkbox"/> Yes <input type="checkbox"/> No			
				<input type="checkbox"/> Yes <input type="checkbox"/> No			
				<input type="checkbox"/> Yes <input type="checkbox"/> No			
				<input type="checkbox"/> Yes <input type="checkbox"/> No			
				<input type="checkbox"/> Yes <input type="checkbox"/> No			

Use additional pages as needed to include all owners, employees, volunteers, and all individuals age 12 and older who reside at this licensed/certified residence.

For Department use only. Do not write below this line.

Date Received	CBS Approval	MIS Approval