

AGENCY USE ONLY
Certified Provider
Household Member
Back-up Provider
NCRP
CCR&R Registry

**CERTIFICATION STATEMENT FOR
PROVIDING CHILD CARE SERVICES**

Your fingerprints are submitted to the Arizona Department of Public Safety (DPS) and the Federal Bureau of Investigation (FBI) for a criminal history check. Your self-disclosure on this affidavit and the information provided by your criminal history check will be used, as authorized by Public Law and Arizona Revised Statutes, to help us determine your fitness to have unsupervised access to vulnerable persons. **Your failure to disclose true and accurate information on this affidavit will be sufficient grounds to deny, suspend, or revoke your certificate and/or terminate your Child Care Registration Agreement and may be referred to the State Attorney General's Office for prosecution.**

Be sure that you go over all six (6) pages of the self-disclosure affidavit.

You have the right to obtain a copy of any background check report and challenge the accuracy or completeness of information contained in the report. If you challenge the information, you also have a right to prompt determination as to the validity of your challenge. To obtain a copy of your background check report, contact the DPS Records Unit, ACJIS Division at (602) 223-2222.

Name (First, Middle, Last): _____ Date of Birth (MM/DD/YY): _____

Address (No., Street, Apt. No.): _____

City: _____ State: _____ ZIP Code: _____

Check one of the following and provide information as directed:

I have not been convicted of nor am I under pending indictment for any crimes.

I have been convicted of or I am under pending indictment for the following crime(s). (Provide dates, location/ jurisdiction, circumstances and outcome. Attach additional pages as needed.)

The CCA-0201A must be accompanied by the most current version of LCR-1034A, pages 2-6. Available online at [LCR-1034A FORNA.pdf](#)

Are you the parent or guardian of a child adjudicated to be a dependent child, as defined in A.R.S. § 8-201(13)?

Yes No

Have you been denied a license or a certificate to operate a facility for the care of children for cause in this or another state, or had a license or certification to operate such a facility revoked?

Yes No

Have you ever committed any act of sexual abuse of a child, including sexual exploitation and commercial sexual exploitation, or any act of child abuse or child neglect?

Yes No

Are you subject to registration as a sex offender in this state or in another state or jurisdiction?

Yes No

I certify that I understand this affidavit. My self-disclosure is true, accurate, and complete to the best of my knowledge.

Signature: _____ Date: _____

Notary Public

State of Arizona, County of _____

Subscribed and sworn or affirmed and acknowledged before me this _____ day of _____, 20 _____

Commission Expiration date: _____ Notary Public's Signature: _____

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