

VOLUNTARY WITHDRAWAL OF APPLICATION FOR LICENSURE OR VOLUNTARY CLOSURE OF LICENSE

Please return this completed and signed form to the OLCR, Site Code 077F, P.O. Box 6123, Phoenix AZ 85005.

APPLICANT OR LICENSEE INFORMATION

Applicant/Licensee's Name (*Last, First, M.I.*): _____

Spouse's Name (*Last, First, M.I.*): _____

Current Address (*No., Street, City, State, ZIP*): _____

Phone Number: _____ Alternate Phone Number: _____

Withdrawal of Application for Licensure

I voluntarily withdraw my application for a license to operate a child or adult developmental home.

Date of Application: _____

Closure of License

I voluntarily close my license to operate a child or adult developmental home.

I am providing notification of my intent to not renew my license to operate a child or adult developmental home.

License ID Number: _____ License Expiration Date: _____

My decision to withdrawal my application or close my license was made for the following reason(s):

Applicant/Licensee's Signature: _____ Date: _____

Applicant/Licensee Spouse's Signature: _____ Date: _____

DES OR LICENSING AGENCY INFORMATION

Agency Specialist's Name: _____ Agency's Name: _____

Agency's Address (*No., Street, City, State, ZIP*): _____ Phone Number: _____