

WITHDRAWAL OR TERMINATION REQUEST FOR CHILD CARE PROVIDERS

REQUESTER INFORMATION

Name (Last, First, Middle Initial) _____ Phone Number _____

Address (No., Street) _____

City _____ State _____ ZIP Code _____

TYPES OF WITHDRAWAL/TERMINATION REQUEST (CHECK AND COMPLETE ONLY ONE SECTION)

Section A – I wish to withdraw my request for a fair hearing.

Provider Name _____ Appeal Number _____

Section B – I wish to withdraw my application to become a DES Certified Family Child Care Provider. I understand that this request will result in either the closure or the denial of my application.

Application Date _____

Section C – I wish to terminate my DES Child Care Certification. I understand that this request may result in the revocation of my certificate.

My DES certificate is attached to this request

I will surrender my DES certificate within seven days of termination

Provider Number _____ Requested Termination Date _____

REASON FOR WITHDRAWAL/TERMINATION

Requestor's Signature _____ Date _____

Name of DES Representative or Designee (Please print name) _____ Title _____

Signature of DES Representative or Designee _____ Date _____

FOR OFFICIAL USE ONLY

Verbal Request Taken By (Please print name) _____

Date of Verbal Request _____ Actual Termination Date _____

Outcome Voluntary Closure Denial Revocation Termination of NCRP Registration Agreement

DES Child Care Certification Status at the Time of Termination Good Standing Probation Suspension N/A