

MARYLAND STATE DEPARTMENT OF EDUCATION – Office of Child Care
REQUEST FOR CONTINUING LICENSE OR LETTER OF COMPLIANCE

FACILITY: _____ **LICENSE/LOC #:** _____

The above named facility's license or letter of compliance is due to expire on _____.

Please check your preference below and mail back to:

Licensing Specialist _____ **Phone** _____

Address: _____

Email: _____

I will not continue to provide child care beyond the expiration date of my license or LOC. I will voluntarily close my child care facility by the above noted expiration date.

Signature _____ **Date** _____

I desire to continue to provide child care beyond the expiration date of my license or Letter of Compliance and hereby submit the required documentation for conversion of my current license/LOC to continuing (non-expiring) status. I agree to abide by the requirements of COMAR 13A.16.01-.19 or COMAR 13A.17.01-.17, as applicable. I understand that reporting false information may be grounds for denial or revocation of my license or Letter of Compliance.

Signature _____ **Date** _____

List all residents on the premises on page 2 of this form, and complete the section related to Workers' Compensation Insurance, if applicable.

Request for Continuing License/LOC (continued)

WORKERS' COMPENSATION INSURANCE INFORMATION

Pursuant to the Maryland Workers' Compensation Act (Title 9 of the Labor and Employment Article, Annotated Code of Maryland), the applicant must have worker's compensation insurance coverage if the facility has one or more employees. Please provide the following information about that coverage:

Name of Insurance Company: _____

Insurance Policy/Binder Number: _____

Effective Date of Coverage: _____ Expiration Date: _____

RESIDENTS ON THE PREMISES

Does any person reside on the premises of the facility? YES NO

If "YES," please provide the following information for each person living on the premises.

FULL NAME	BIRTHDATE	RELATIONSHIP	RACE	MARITAL STATUS	SOCIAL SECURITY #