



FAMILY DAY CARE

LOCAL POLICE BACKGROUND CHECK

APPLICANT/PROVIDER INSTRUCTIONS: List only one (1) household member 18 years of age and older, or substitute, or employee per page. All information must be completed. Incomplete forms will delay the process.

Please Print

Last Name	First Name	Middle Name	Maiden Name	Prior Name(s)	Race * & Sex	Date of Birth	Social Security Number
<u>Applicant</u>							
¹ Household members 18 years of age and older, substitutes, and <u>employees</u>							

¹If you are a household member, substitute or employee, list provider's name (name of person on license) and address:

Print Provider's Name

Provider's Address

Submit this form to:

Pinellas County License Board
4175 East Bay Drive, Suite 350
Clearwater, FL 33764

***Race: (W) White (B) Black**

- New
- 5-year rescreening
- Household member 18-years or older