

Facility Name exactly AS STATED ON THE LICENSE
Little Hands

License #
109750

Date (MM/DD/YYYY)

-- ALL REQUIRED FIELDS ARE IDENTIFIED WITH AN ASTERISK (*) --

-- PLEASE PRINT CLEARLY --

-- INCOMPLETE FORMS WILL BE RETURNED --

ADD <input type="checkbox"/>	* Role * (Use only the roles listed on form CCL 002a - Affiliate Roles)	* Last Name *	* First Name *	* Date of Birth * (MM/DD/YYYY)	* Gender * (Circle One) Female or Male	* Current Address, City, State, Zip Code * (No PO Box - only physical address accepted)	* Middle Name	* Suffix (Sr., Jr., II)	* Maiden/Other Name(s)	* Social Security Number	* Race * (Circle Only One Below) Asian/Pacific Island White/Mexican/Puerto Rican/Other Caucasian Indian (AM/CAN/AK/AL/UT/ESK)	* Hawaiian/Part Hawaiian Black Chinese	* Filipino Japanese Other Non-White	* Other states lived in within the last 5 years *	* Current Address, City, State, Zip Code * (No PO Box - only physical address accepted)	* Middle Name	* Hispanic/Latino? * (Circle One) Yes or No	ADD <input type="checkbox"/>
																		UPDATE <input type="checkbox"/>
REMOVE <input type="checkbox"/>	* Role * (Use only the roles listed on form CCL 002a - Affiliate Roles)	* Last Name *	* First Name *	* Date of Birth * (MM/DD/YYYY)	* Gender * (Circle One) Female or Male	* Current Address, City, State, Zip Code * (No PO Box - only physical address accepted)	* Middle Name	* Suffix (Sr., Jr., II)	* Maiden/Other Name(s)	* Social Security Number	* Race * (Circle Only One Below) Asian/Pacific Island White/Mexican/Puerto Rican/Other Caucasian Indian (AM/CAN/AK/AL/UT/ESK)	* Hawaiian/Part Hawaiian Black Chinese	* Filipino Japanese Other Non-White	* Other states lived in within the last 5 years *	* Current Address, City, State, Zip Code * (No PO Box - only physical address accepted)	* Middle Name	* Hispanic/Latino? * (Circle One) Yes or No	REMOVE <input type="checkbox"/>
																		RENEWAL <input type="checkbox"/>
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																		RENEWAL <input type="checkbox"/>