Child Care Center Verification Form
For Fingerprinting

Effective immediately, this form must be presented to the fingerprinting technician at the State Police Troop.

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AGENCY INFORMATION:

Child Care License Number (if applicable) _____
This is the "License No." listed at the top center of your Childcare License.

Child Care Center Name: _____

Child Care Center Address: _____
Street City State Zip

Child Care Center Telephone Number: _____

Contact Person: _____

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NOTE TO APPLICANT:

At the State Police Troop, when completing the *Child Care Criminal History Record and Child Protection Registry Request Form*, please confirm that information on Part II matches the information above.