LCR-1041A FORFF (7-23)

ARIZONA DEPARTMENT OF ECONOMIC SECURITY Division of Developmental Disabilities Office of Licensing, Certification and Regulation (OLCR)

VOLUNTARY WITHDRAWAL OF APPLICATION FOR LICENSURE OR VOLUNTARY CLOSURE OF LICENSE

Please return this completed and signed form to the OLCR, Site Code 077F, P.O. Box 6123, Phoenix AZ 85005.

APPLICANT OR L	ICENSEE INFORMATI	ON
Applicant/Licensee's Name (Last, First, M.I.):		
Spouse's Name (Last, First, M.I.):		
Current Address (No., Street, City, State, ZIP):		
Phone Number:	Alternate Phone Numb	er:
Withdrawal of Application for Licensure I voluntarily withdraw my application for a license to	operate a child or adult develo	pmental home.
Date of Application:		
Closure of License I voluntarily close my license to operate a child or ad I am providing notification of my intent to not renew r	my license to operate a child o	·
License ID Number:	License Expiration Date:	
Applicant/Licensee's Signature:		Date:
Applicant/Licensee Spouse's Signature:		Date:
DES OR LICENSIN	G AGENCY INFORMAT	ION
Agency Specialist's Name:	Agency's Name:	
Agency's Address (No., Street, City, State, ZIP):		Phone Number:

Equal Opportunity Employer / Program • Auxiliary aids and services are available upon request to individuals with disabilities • To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1