



## 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

If 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

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

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

**Submit this form to:**

Pinellas County License Board  
8751 Ulmerton Rd., Suite 2000  
Largo, FL 33771