



ARIZONA DEPARTMENT OF CHILD SAFETY VOLUNTARY WITHDRAWAL OF APPLICATION FOR LICENSURE OR CLOSURE OF LICENSE

Please return the completed and signed form to your licensing agency or to OLR within 10 calendar days, or sooner of receiving this form.

Applicant or Licensee Information

Applicant/Licensee Name (Last, First, M.I.)		Spouse's Name (Last, First, M.I.)	
Current Address (No. Street, City, State, ZIP)			
Applicant Phone Number	Alternate Phone Number		
Agency Specialist's Name	Date Presented to Applicant or Licensee		
Agency Name	License Number		

Withdrawal of Application for Licensure

I voluntarily withdraw my application for a license to operate a foster home or group home.

Closure of License

I voluntarily close my license to operate a foster home or group home.

I do not want to renew my license

I acknowledge that my license will be closed on the expiration date of my license.

My decision to withdrawal my application or close my license was made for the following reason(s):

By signing this document, I notify DCS/OLR I have made a decision to withdraw my application or close my license and have not been coerced into doing so. I understand this withdrawal/closure is permitted by rule and submission of this signed form provides notification and verification that withdrawal/closure is my intent. Please return this signed form to your licensing agency or OLR within 10 days of the date provided to Applicant/Licensee above, or OLR may commence a denial or revocation action.

Please be aware that denial or revocation action may influence future licensure.

Applicant/Licensee Signature _____ Date _____

Applicant/Licensee Spouse's Signature _____ Date _____



Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact your local office; TTY/ TDD Services: 7-1-1. • Free language assistance for Department services is available upon request. • Ayuda gratuita con traducciones relacionadas con los servicios del DCS está disponible a solicitud del cliente.