

MARYLAND STATE DEPARTMENT OF EDUCATION – Office of Child Care
REQUEST FOR CONTINUING LICENSE OR LETTER OF COMPLIANCE

FACILITY: _____ **LICENSE/LOC #:** _____

The above named facility's license or Letter of Compliance is due to expire on _____

Please check your preference below and return to:

Licensing Specialist _____ Phone _____

Address: _____

Email: _____

I desire to continue to provide child care beyond the expiration date of the center license or Letter of Compliance and hereby submit the required documentation for conversion of the current license/LOC to continuing (non-expiring) status. I agree to abide by the requirements of COMAR 13A.16.01-.19 or COMAR 13A.17.01-.17, as applicable. I understand that reporting false information may be grounds for denial or revocation of the center license or Letter of Compliance (LOC).

Signature _____ Date _____

I will not continue to provide child care beyond the expiration date of the center license or LOC. I will voluntarily close the child care facility by the above-noted expiration date and will return the center license or LOC certificate to the Office of Child Care.

Signature _____ Date _____