

LICENSING RECORD CLEARANCE REQUEST STATE OF MICHIGAN

Department of Human Services
Bureau of Children and Adult Licensing

DIRECTIONS FOR COMPLETING FORM: <ul style="list-style-type: none"> Please read the accompanying instructions before completing this form. Please type or print CLEARLY so that the information completed can be read. Mail completed form to BCAL Central office. 		LIVESCAN FINGERPRINT REQUEST <i>This section for day care only.</i>	
SECTION I: REQUESTOR INFORMATION (Must be completed by licensing consultant/worker)		Agency ID: 10971L TCN# _____ (MUST BE FILLED IN PRIOR TO RETURNING) Date Fingerprinted: _____ Type of Picture I.D. presented: _____ DCL(Day Care License)	
Licensing Consultant/Worker Name, Address and Phone Number <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> Department of Human Services Bureau of Children and Adult Licensing 7109 W. Saginaw, 2nd Floor P.O. Box 30650 Lansing, MI 48909-8150 </div>			
LICENSEE/APPLICANT NAME	County	LICENSE NUMBER (If assigned)	
LICENSE/APPLICATION TYPE <input type="checkbox"/> Family/Group Child Care Home <input type="checkbox"/> Child Care Center <input type="checkbox"/> Institution/Agency <input type="checkbox"/> Camp			
THE PERSON BEING CLEARED IS: <input type="checkbox"/> Adult Member of Household (specify relationship to licensee): <input type="checkbox"/> Applicant <input type="checkbox"/> Licensee/Licensee Designee <input type="checkbox"/> Administrator <input type="checkbox"/> Responsible Person (In charge of daily operations) <input type="checkbox"/> Director/Program Director			
SECTION II: CLEARANCE INFORMATION (To be completed by applicant or other person to be cleared – If more than one person is named on the application, each is to complete a BCAL-1326)			
NAME (Last, First, Middle Jr., II, etc.)		SEX	BIRTH DATE
MARITAL STATUS <input type="checkbox"/> SGL <input type="checkbox"/> MAR <input type="checkbox"/> DIV		ALSO KNOWN AS (Aliases, Maiden Name, Previous Married Name(s))	
ADDRESS (Street Number and Name)		MICHIGAN DRIVERS LICENSE NUMBER	
		HOW LONG HAVE YOU LIVED IN THIS STATE?	RACE
CITY	COUNTY	STATE	ZIP CODE
PHONE NUMBER		HEIGHT	WEIGHT
<ul style="list-style-type: none"> I am aware that Michigan Department of State Police records will be checked for information regarding criminal convictions under authority of the Good Moral Character Statute. I am aware that the Department of Human Services Central Registry will be checked for information concerning substantiated child abuse and neglect. I certify that the information I have given on the form is, to the best of my ability, true and correct. The Department may perform this check at any time while I am licensed. 			
HAVE YOU EVER BEEN CONVICTED OF A CRIME, FELONY OR MISDEMEANOR? <input type="checkbox"/> NO <input type="checkbox"/> YES (If yes, explain) Type, Location, and Date of Conviction(s)			
SIGNATURE OF PERSON TO BE CLEARED			DATE

SECTION III: CENTRAL RECORDS CLEARANCE (BCAL Use Only)		SECTION IV: CONVICTION CLEARANCE	
IS MICHIGAN PUBLIC SEX OFFENDER REGISTRY (PSOR) INFORMATION ON FILE? <input type="checkbox"/> NO <input type="checkbox"/> YES	INITIALS/CLEARANCE DATE		
IS PROTECTIVE SERVICES INFORMATION ON FILE? <input type="checkbox"/> NO <input type="checkbox"/> YES	INITIALS/CLEARANCE DATE		
PREVIOUS LICENSE? <input type="checkbox"/> NO <input type="checkbox"/> YES	INITIALS/CLEARANCE DATE		
LICENSE NUMBER:			
Disclaimer: Any and all fingerprints processed with incorrect fingerprint codes/reasons, etc. are the responsibility of the REQUESTING AGENCY. MSP will charge for second requests due to incorrect fingerprint reason.			