

LICENSING RECORD CLEARANCE REQUEST INSTRUCTIONS

There are four purposes to this form:

1. Produce a Department of State Police check regarding the possible existence of a conviction record.
2. Produce a Department of Human Services Central Registry File check regarding the possible existence of a substantiated child abuse or neglect record.
3. Produce a Bureau of Children and Adult Licensing (BCAL) Files check against current or previous licensee status of the applicant in any county of the state.
4. **Child Care Applicants Only:** Live Scan Fingerprint Request is required for applicant, licensee, and/or program director. Refer to enclosed information regarding locations to conduct fingerprinting. The Licensing Record Clearance (BCAL-1326) must be taken with you at the time the FBI fingerprint is conducted. **Note: The TCN# will be filled in by the Fingerprint Specialist and must be completed prior to submitting application to BCAL.**

The existence of a conviction record or a substantiated child abuse or neglect record does not necessarily disqualify an applicant for licensure. However, it does provide BCAL with information, which will be carefully evaluated by licensing staff.

A failure on the part of an applicant to provide BCAL with accurate and truthful information and the authorization requested on this form may be sufficient cause to deny issuance of a license.

AUTHORITY:	1973 PA 116 1979 PA 218	Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.
COMPLETION:	Required	
CONSEQUENCE:	Registration/Licensure may be denied.	

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 provided can be read. Mail completed form to BCAL Central office or address noted in box below. 	LIVESCAN FINGERPRINT REQUEST <i>This section for child care only.</i> Agency ID: 10971L TCN# _____ (MUST BE FILLED IN PRIOR TO RETURNING) Date Fingerprinted: _____ Type of Picture I.D. presented: _____ DCL(Child Care License)
SECTION I: REQUESTOR INFORMATION	
Return this form to: <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <input type="checkbox"/> Department of Human Services Bureau of Children and Adult Licensing 7109 W. Saginaw, 2nd Fl. P.O. Box 30650 Lansing, MI 48909-8150 </div>	

LICENSEE/APPLICANT NAME	County	LICENSE NUMBER (If assigned)
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LICENSE/APPLICATION TYPE

Family/Group Child Care Home
 Child Care Center
 Institution/Agency
 Camp

THE PERSON BEING CLEARED IS (check only one per form):

Adult Member of Household (specify relationship to licensee):
 Registrant/Licensee/Licensee Designee
 Applicant
 Administrator
 Responsible Person (In charge of daily operations)
 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	SOCIAL SECURITY NUMBER
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MARITAL STATUS	<input type="checkbox"/> SGL <input type="checkbox"/> MAR <input type="checkbox"/> DIV <input type="checkbox"/> WID	ALSO KNOWN AS (Aliases, Maiden Name, Previous Married Name(s))
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ADDRESS (Street Number and Name)	MICHIGAN DRIVERS LICENSE NUMBER	RACE
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CITY	COUNTY	STATE	ZIP CODE	PHONE NUMBER	HOW LONG HAVE YOU LIVED IN THIS STATE?	COUNTY?
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- 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 registered/licensed.

HAVE YOU EVER:

Been convicted of a crime, felony or misdemeanor? NO YES (If yes, explain)
 Been substantiated for abuse or neglect of children or adults? NO YES (If yes, explain)
 Type, Location and Date of Conviction(s) or Substantiations:

SIGNATURE OF PERSON TO BE CLEARED	DATE
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SECTION III: CENTRAL RECORDS CLEARANCE (BCAL Use Only) SECTION IV: CONVICTION CLEARANCE

INDIVIDUAL ON MICHIGAN PUBLIC SEX OFFENDER REGISTRY? <input type="checkbox"/> NO <input type="checkbox"/> YES	INITIALS/CLEARANCE DATE	For BCAL Use Only
ADDRESS ON MICHIGAN PUBLIC SEX OFFENDER REGISTRY? <input type="checkbox"/> NO <input type="checkbox"/> YES	INITIALS/CLEARANCE DATE	
IS ON CENTRAL REGISTRY? <input type="checkbox"/> NO <input type="checkbox"/> YES	INITIALS/CLEARANCE DATE	
PREVIOUS REGISTRATION/LICENSE? <input type="checkbox"/> ACTIVE <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> CLOSED	INITIALS/CLEARANCE DATE	
REGISTRATION/LICENSE NUMBER:		