

**WITHDRAWAL OR TERMINATION REQUEST  
For Child Care Providers**

**REQUESTER INFORMATION**

NAME (Last, First, Middle Initial)	PHONE NO. (Include Area Code)
ADDRESS (No., Street, City, State, Zip)	

**TYPES OF WITHDRAWAL/TERMINATION REQUEST**  
(Check and complete only one section)

Section A – I wish to withdraw my request for a fair hearing.

PROVIDER NUMBER <b>P</b>	APPEAL NUMBER
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Section B – I wish to withdraw my application to become a DES Certified Family Child Care Provider. I understand that this request will result in either the closure or the denial of my application.

APPLICATION DATE

Section C – I wish to terminate my DES Child Care Certification. I understand that this request may result in the revocation of my certificate.

My DES certificate is attached to this request       I will surrender my DES certificate within seven days of termination

PROVIDER NUMBER <b>P</b>	REQUESTED TERMINATION DATE
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Section D – I wish to terminate my NCRP Registration Agreement.

PROVIDER NUMBER <b>P</b>	REQUESTED TERMINATION DATE
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**REASON FOR WITHDRAWAL/TERMINATION**

REQUESTER'S SIGNATURE	DATE
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NAME OF DES REPRESENTATIVE OR DESIGNEE (Please print name)	TITLE
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SIGNATURE OF DES REPRESENTATIVE OR DESIGNEE	DATE
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**FOR OFFICIAL USE ONLY**

VERBAL REQUEST TAKEN BY (Please print name)	DATE OF VERBAL REQUEST	ACTUAL TERMINATION DATE
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OUTCOME <input type="checkbox"/> Voluntary Closure <input type="checkbox"/> Denial <input type="checkbox"/> Revocation <input type="checkbox"/> Termination of NCRP Registration Agreement	DES CHILD CARE CERTIFICATION STATUS AT THE TIME OF TERMINATION <input type="checkbox"/> Good Standing <input type="checkbox"/> Probation <input type="checkbox"/> Suspension <input type="checkbox"/> N/A
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Distribution: Original – CCA; Copy – Provider; Copy – Office of Appeals (if applicable)

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