

## Intent to Transfer Child Care License or Certification

Instructions: You, the child care license or certificate holder (Licensee), must use this form to notify the Department of Children, Youth, and Families (DCYF) of your intent to transfer your child care license to another person or entity. Please complete this form and submit it to your local DCYF child care licensing office.

Licensee Name	Provider ID
Child Care Program Name	Telephone
Child Care Program Physical Address City	State Zip Code
I, (print full name) declare I am the Licensee for the above-named child care program, and I voluntarily make this declaration.	
2. Pursuant to RCW 43.216.305(1), I understand that a full, non-expiring license may be transferred to a new Licensee if DCYF determines the new Licensee's child care operation is substantially similar to or an improvement of the originally licensed child care operation.	
I intend to transfer the ownership and child care license of the above-named child care program to:	
4. I understand this person or entity must complete and submit form 15-854 Application for Transfer of a Child Care License or Certification. Please send the application form to the following email address or mailing address:	
<ul> <li>I have informed this person or entity that a new child care Licensee must do the following before DCYF can approve a child care license transfer request: <ul> <li>Complete a DCYF child care orientation;</li> <li>Submit and pass a DCYF background check; and</li> <li>Complete specific training requirements, such as Child Care Basics</li> </ul> </li> </ul>	
6. I have informed this person or entity that they can obtain information about the above-named child care program through <a href="Child Care Check">Child Care Check</a> .	
<ol> <li>I understand that, upon the request of the new Licensee, DCYF may release the last four years of the above- named child care program's licensing history to this person or entity.</li> </ol>	
I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.	
DATED and signed at, Washington on the of, (City), (Year)	
Signature Address	
Print Full Name Telephone & Email Address	