VIRGINIA DEPARTMENT OF EDUCATION OFFICE OF CHILD CARE HEALTH AND SAFETY

LICENSE MODIFICATION REQUEST FOR FACILITY CHANGE OF LOCATION

Instructions: To ensure timely processing, the licensee must submit a modification request to the Office of Child Care Health and Safety at least <u>60 days prior</u> to the facility's planned change of location.

Printed Name		Signature		
icensee Email:	License Number	License Number (located on bottom left of license)		
ncility Name:				
anned Date of Relocation:				
LD Physical Address:Street				
Street	City	State	Zip	
LD Mailing Address:				
Street	City	State	Zip	
EW Physical Address:				
Street	City	State	Zip	
EW Mailing Address:Street				
Street	City	State	Zip	
LD Telephone Number:	NEW Tel	NEW Telephone Number:		
IRECTIONS TO NEW LOCATION:				
IRECTIONS TO NEW LOCATION				