

**Arizona Department of Health Services  
OFFICE OF CHILD CARE LICENSING  
REQUEST TO AMEND LICENSE**

Name of Facility		CDC #
Street Address	City	ZIP
Facility Mailing Address	City	ZIP
Contact Person	PHONE	FAX
E-mail address	Facility Phone	Facility FAX

A REVIEW WILL BE DONE BY A LICENSING SURVEYOR AND MAY REQUIRE A CHANGE OF CAPACITY.

**✓ MARK NEXT TO THE MODIFICATION REQUESTED**

- ADDING AN EXISTING UNLICENSED TOILET ROOM TO A FACILITY (Architect Review not required)
- ADDING OR REMOVING A TOILET OR HANDWASHING SINK (sink/toilet already in place)
- ADDING A DIAPER CHANGING AREA IN A LICENSED ROOM (sink and counter or portable diaper changing table in place)
- CONVERTING A LICENSED ROOM TO AN INFANT ROOM (must have two exits if capacity allows for over 5 infants; existing counter/handwashing sink in place)
- ADDING AN UNLICENSED SINGLE USE ONLY AREA FOR A GOVERNMENT ENTITY:
  - State Fire Marshall approval required (Community Colleges)
- CHANGING THE USE OF A LICENSED ROOM – (example: changing the age of the children using the room – if infants, diapering requirements may need Architect Review, changing from a classroom to a storage room, etc.)
- ADDING TRANSPORTATION
- ADDING EVENING AND/OR NIGHTTIME CARE

Additional comments or description:

**PROVIDE THE FOLLOWING FOR ANY MODIFICATIONS** (see Arizona Administrative Code R9-5-607 for applicable rules):

1. A MAP OR DRAWING OF THE FACILITY - INCLUDING ALL THE ROOMS - indicate the location of the change with a highlighting marker.
2. PUBLIC SCHOOLS – Final construction drawings or school map.

I WILL BE RESPONSIBLE FOR MAKING SURE THAT ALL SINGLE USE AREAS ARE IN COMPLIANCE WITH RULES AND STATUTES.

**OFFICE USE ONLY**

Data input date \_\_\_\_\_  
initials \_\_\_\_\_

Facility Representative Signature	Date
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