



### School Based and Military Certification for Payment Only Request Form

1. Agency Name (Military Installation, School)	
2. Agency Address	
3. Telephone number (with area code)	4. Fax Number (with area code)
5. Type of Organization <input type="checkbox"/> Military <input type="checkbox"/> School Based	6. Child Care Center Name/Family home Providers Name
7. Employer Identification number or Social Security Number	
8. Address of Facility to be Licensed if Different from line 2	
9. Mailing Address if Different from Line 8	
10. Facility Phone Number	11. Facility Fax Number
12. Facility E-Mail (if any)	
13. Comments	
14. Contact Person's Name	15. Contact Person's Telephone Number
16. Signature of the Requestor: _____ Date _____	