



ADDRESS: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

I \_\_\_\_\_ HEREBY CERTIFY THAT I HAVE NEVER HAD AN ARREST OR SUBSTANTIATED REFERRAL TO A CHILD PROTECTIVE SERVICE AGENCY.

I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND THE REGULATIONS FOR THE SERVICE FOR WHICH I HAVE APPLIED. I ASSUME RESPONSIBILITY FOR THE CONDUCT, AFFAIRS AND DEALINGS OF THE FACILITY FOR WHICH LICENSE IS REQUESTED. I UNDERSTAND THAT MY REFERENCES WILL BE CHECKED AND I WILL BE RESPONSIBLE FOR THE FACILITY COMPLYING WITH CURRENT LICENSING REGULATIONS.

I UNDERSTAND THAT FAILURE TO COMPLY WITH THE CURRENT LICENSING REGULATIONS MAY RESULT IN DENIAL OR REVOCATION OF THE LICENSE TO OPERATE. I AM OVER TWENTY-ONE YEARS OF AGE AND DO HEREBY FILE THIS APPLICATION FOR A LICENSE TO OPERATE THE SERVICE FOR WHICH I HAVE APPLIED FOR A PERIOD NOT TO EXCEED ONE CALENDAR YEAR.

**AFIDAVIT**

STATE OF NEW MEXICO COUNTY OF: \_\_\_\_\_  
BEING DULY SWORN ACCORDING TO LAW DEPOSES AND SAYS THAT THE FACTS SET FORTH IN THE FORGOING APPLICATION ARE TRUE TO THE BEST OF HIS/HER KNOWLEDGE, INFORMATION AND BELIEF.

SWORN TO AND SUBSCRIBED BEFORE ME  
THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 200\_\_.

\_\_\_\_\_  
(APPLICANT'S SIGNATURE)

\_\_\_\_\_  
(NOTARY PUBLIC)

MY COMMISSION EXPIRES: \_\_\_\_\_

ALL INITIAL AND AMENDED APPLICATIONS MUST BE ACCOMPANIED WITH THE LICENSEE'S RESUME, COPY OF DEGREE AND A LIST OF THREE CHARACTER REFERENCES OF INDIVIDUALS NOT RELATED TO THE INDIVIDUAL. (DO NOT INCLUDE EMPLOYEES.)

ALL INITIAL APPLICATIONS MUST BE ACCOMPANIED WITH DOCUMENTS MENTIONED IN THE REGULATIONS AS RELATED TO THE SERVICE APPLIED FOR.

ALL INITIAL AND ANNUAL RENEWAL APPLICATIONS MUST BE ACCOMPANIED BY THE REQUESTED FEE OF **\$30.00** IN THE FORM OF A CHECK OR MONEY ORDER PAYABLE TO THE STATE OF NEW MEXICO.

ALL AMENDED APPLICATIONS MUST BE ACCOMPANIED BY THE REQUESTED FEE OF **\$20.00** IN THE FORM OF A CHECK OR MONEY ORDER PAYABLE TO THE STATE OF NEW MEXICO. (INCLUDING CHANGE OF OWNERSHIP, LICENSEE, CHANGE OF CAPACITY OR NAME OF BUSINESS.)

**ALL APPLICATIONS MUST BE NOTARIZED  
FEES ARE NON-REFUNDABLE**

PLEASE RETURN APPLICATION TO:  
CHILDREN, YOUTH AND FAMILIES DEPARTMENT  
CHILDREN'S BEHAVIORAL HEALTH AND COMMUNITY SERVICES BUREAU  
LICENSING AND CERTIFICATION UNIT  
1920 FIFTH ST  
SANTA FE, NEW MEXICO 87505-5160  
TELEPHONE NO: (505) 827-5889

