Please include a copy of your Driver's License

City of Rockwall

CHILD CARE EMPLOYEE LICENSE

CHILD CARE CENTER:_____

ADDRESS:_____

NAME OF APPLICANT: _____
[As appears on Drivers License] [LAST] [FIRST] [MIDDLE]

ADDRESS: _____
[NUMBER & STREET] [CITY] [STATE] [ZIP]

HOME PHONE: _____ CELL PHONE: _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____

PLEASE CHECK: ☐ [MALE] ☐ [FEMALE] RACE: _____

DRIVERS LICENSE NUMBER: _____ STATE: _____ TYPE: _____

I am applying for a Child Care Workers License in the City of Rockwall. I authorize the Rockwall Police Department to check my driving record and criminal history which will be used in determination of license issuance.

I also understand that the $10.00 Application Fee is non-refundable and that it is due at the time the application is submitted.

SIGNATURE OF APPLICANT: _____

DATE: _____

Please return completed application, along with $10.00 application fee, in person or mail to:
City of Rockwall c/o NIS Department
385 S Goliad, Rockwall, TX 75087