



**Individuals in the home** (include children (any age), spouse, and other individuals with direct contact with children in care). Submit a BID form for individuals 10 years and older.

Name (first, last)	Date of Birth	Social Security Number	Relationship to the Applicant	Position*

Attach a separate sheet if necessary

\* Please indicate if the house-hold member works as helper, volunteer, substitute in the child care program.

**References** (List 3 individuals unrelated to you, who are familiar with you and your ability to care for children.)  
Check with the certifying agency if references are required.

Name (first, last)	Address (number/street/city/state/zip code)	Telephone Number
		(     )
		(     )
		(     )

I authorize the certifying agency to request and receive any information that is appropriate and necessary for the administration of certification requirements for child care. Sources of information may include, but are not limited to, Department of Corrections, Department of Health and Family Services, Department of Justice, Division of Unemployment Insurance, Child Support, Department of Regulation and Licensing, Internal Revenue Service, Department of Transportation, Wisconsin Technical College System or any other educational institution, county/tribal departments of social/human services, law enforcement agencies, or a current or former employer. Personally identified information collected on this form may be used, in part, through computer matching to verify information with the departments, agencies and employers identified above.

I acknowledge having received the rules for certification (DWD 55, Wis. Admin. Code) and accept legal responsibility for complying with all administrative rules promulgated by DWD under the authority of s. 49.155 (1d), Wis. Stats. By signature, I signify a willingness to provide the certifying agency with information to verify whether or not the requirements for certification are met and further authorize the agency to make such investigation as is necessary for verification of these factors, including access to premises any time during hours of operation.

I affirm that all statements made in this application and any attachments are true and correct to the best of my knowledge. I understand that failure to submit correct or truthful information or omitting information is grounds for denial, revocation or other sanction under the authority of applicable statutes and or administrative codes. Credible statements made to the agency that contradict information I provide under my written attestation also may be grounds for denial, revocation or other sanction of my certification. I will comply with all law, rules and regulations in Wisconsin.

Applicant Name (Type/Print)	
Applicant Signature	Date Signed