

# Application for Temporary Manager Certificate

Please print

Applicant Name: \_\_\_\_\_

I do hereby affirm that I intend to employ the above listed applicant as the manager, of the listed assisted living facility, if the applicant is successful in obtaining a temporary certificate

\_\_\_\_\_  
Name of Owner

\_\_\_\_\_  
DHS License number of Facility

\_\_\_\_\_  
Assisted Living Facility name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Facility Telephone

\_\_\_\_\_  
Facility Fax

**Reason for requesting a temporary certificate:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Owner: \_\_\_\_\_

Date: \_\_\_\_\_

State: \_\_\_\_\_

County: \_\_\_\_\_

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_ by the affiant, who personally appeared before me.

\_\_\_\_\_  
NOTARY PUBLIC SIGNATURE

My Commission expires: \_\_\_\_\_  
(OFFICIAL STAMP)