

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)