Nicholas A. Toumpas
Commissioner

Maggie Bishop
Director

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION FOR CHILDREN, YOUTH & FAMILIES

129 PLEASANT STREET, CONCORD, NH 03301-3857
603-271-4451 1-800-852-3345 Ext. 4451
FAX: 603-271-4729 TDD Access: 1-800-735-2964

NEW HAMPSHIRE HEALTH AND HUMAN SERVICES CRIMINAL HISTORY RECORD INFORMATION AUTHORIZATION

LICENSE EXEMPT CHILD CARE FORM NH RSA 170-E:4

☐ **LIVESCAN-$16.50** *or* ☐ **INKED-$16.50**
must select one

APPLICANTS ARE RESPONSIBLE FOR THIS FEE

☐ **NEW APPLICANT (Fingerprints are required)**
or
☐ **RENEWAL (Fingerprints NOT required)**

SECTION I

PLEASE TYPE OR PRINT CLEARLY, ALL INFORMATION IN THIS SECTION **MUST BE COMPLETED**

NAME _____
LAST MAIDEN/ALAIS FIRST MI

ADDRESS _____
STREET CITY STATE ZIP CODE

DATE OF BIRTH _____ **HAIR COLOR** _____ **EYE COLOR** _____ **SEX** _____

DRIVER LICENSE NUMBER _____ STATE _____

My signature below certifies I am the individual listed above and that the information provided is true.
YOUR SIGNATURE: _____ DATE _____
Signed under penalty of unsworn falsification pursuant to NH RSA 641:3.

SECTION II

IF RECORD IS TO BE MAILED **TO YOU, OR** RECEIVED BY SOMEONE OTHER THAN YOURSELF,

ALL OF SECTION II MUST BE COMPLETED

I hereby authorize the release of my criminal record conviction(s), if any, to the following:

NH Division for Children, Youth and Families Bureau of Child Development
129 Pleasant Street, Concord NH 03301

YOUR SIGNATURE _____ DATE _____

NOTARY 'S SIGNATURE _____ DATE _____
(AFFIX SEAL) (COMM. EXP)

_____ DATE _____
SIGNATURE OF PERSON/FIRM TO RECEIVE RECORD

NOTE: Make checks payable to: State of NH – Criminal Records.
❑ **Applicant fingerprint card must be submitted at the same time as payment and this form.**