

Application for a Diocesan License

Last Name	First Name	Middle Name	Maiden Name	
Street Address		City	State	Zip Code
E-mail		School		

List the areas of licensure for which you are applying

Statement of Applicant

Have you ever had a certificate or license revoked or suspended by any state or other governing body? If yes, attach a statement giving full details and official documentation of the action taken.

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Have you ever been convicted of a crime (excluding minor traffic violations)? If yes, you must submit court documents that indicate judgment and disposition of the case from the court of conviction and an explanation of the incident(s).

<input type="checkbox"/>	<input type="checkbox"/>
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I certify that the information provided in this application is correct and true. I understand that the falsification of any statement or document will result in the revocation of my Diocesan License and termination of my employment.

Signature _____

Date _____