



**City of Arlington
Environmental Health Division
Certified Child Care Trainer Registration**

Please Print – All information must be complete

Name _____
Last First Middle Initial

Home Address _____

City _____ **State** _____ **Zip** _____ **Home Phone** _____

Drivers License # _____ **Is this a Texas Drivers License** _____

Texas State Child Care Director License # _____ **Must Provide Copy of Certification**

Name of Child Care Facility _____

Address of Child Care Facility _____

Phone Number of Child Care Facility _____

I understand that giving false information will be grounds for revocation of this registration. I hereby certify that the above information is true and accurate.

Applicant's Signature Date