

**North Carolina
Department of Health and Human Services
Women's and Children's Health
Child and Adult Care Food Program**

LICENSING CERTIFICATION – INDEPENDENT CENTERS

[To be completed in lieu of re-submitting copy of licensure or approval documentation.]

_____ [print name of Independent Center] has previously submitted to the State Agency a copy of a license (or if applicable, other relevant approval documentation). I, _____ [print your name], understand that an updated license (or approval documentation) must be submitted to the State Agency in the event of any change affecting the license (or approval documentation). I certify that there has been no change affecting the previously-submitted license (or approval documentation) since the time of last submission to the State Agency.

Signature of Authorized Representative

Title

Date