



State of Utah  
Department of Workforce Services  
Office of Child Care

**CHILD CARE QUALITY SYSTEM (CCQS)  
REQUEST FOR TRANSFER OF CERTIFIED QUALITY RATING**

Name of Program that Originally Received Rating: \_\_\_\_\_

License Number of Program that Originally Received Rating: \_\_\_\_\_

Name of New Program: \_\_\_\_\_

License Number of New Program: \_\_\_\_\_

New License Activation Date: \_\_\_\_\_

**Eligibility:**

**For Change of Owner:**

- The new license has been active for 30 days or less.
- The program has operated continuously, at the same location, throughout the change of ownership.

**For Change of Location:**

- The new license has been active for 30 days or less.
- The program operated continuously throughout the change of location.

**I acknowledge that:**

- The certified quality rating expiration date will remain the same. Recertification is required to maintain a certified quality rating.
- If applicable, the monthly Enhanced Subsidy Grant will remain the same until the certified quality rating expiration date.

Printed Name of Owner: \_\_\_\_\_

Signed:   /s/   \_\_\_\_\_ Date: \_\_\_\_\_

***Equal Opportunity Employer/Program***