

## VARIANCE EXPIRATION EXTENSION REQUEST

Please complete and submit the information below if you have a family child care program with a DQ variance that expires on or after January 1, 2019. Please submit this **at least 30 days prior** to the expiration of the DQ variance.

Date submitted \_\_\_\_\_

License holder \_\_\_\_\_

License # \_\_\_\_\_

Name of subject with background study variance \_\_\_\_\_

Date Variance expires \_\_\_\_\_

Name of Licensor submitting form \_\_\_\_\_

Licensor Phone # \_\_\_\_\_

County \_\_\_\_\_

Please email the request to Frances Standing at [frances.s.standing@state.mn.us](mailto:frances.s.standing@state.mn.us)