

## State License Contract Assignment Form

Please complete the following information for *each* Child Care Resource and Referral Agency that will utilize the State Contract License for their NDS usage. Please add additional sheet(s) as needed.

If you have any questions or concerns, please email [ndshelpdesk@naccrra.org](mailto:ndshelpdesk@naccrra.org) or call the Help Desk toll free at 1-866 789-7590, Option #1. Fax completed form to (571) 255-4919.

**Note:** Each CCR&R using a State Contract License must be a Voting NACCRRRA member in good standing.

NDS ID #  Membership ID #  \*EIN #  -

Agency Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Agency Contact \_\_\_\_\_

Email Address \_\_\_\_\_ Phone \_\_\_\_\_

NDS ID #  Membership ID #  \*EIN #  -

Agency Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Agency Contact \_\_\_\_\_

Email Address \_\_\_\_\_ Phone \_\_\_\_\_

NDS ID #  Membership ID #  \*EIN #  -

Agency Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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Email Address \_\_\_\_\_ Phone \_\_\_\_\_