

**BRIGHT FROM THE START  
 GEORGIA DEPARTMENT OF EARLY CARE AND LEARNING**

**APPLICATION FOR EXEMPTION AMENDMENT**

Current Name of Facility (d/b/a):		Applicant's Name:	
EX-#####:		EXMT-#####:	
Program Site Address:		Telephone : Area Code (    )	
City:	Zip:		-
Business Mailing Address:			
City:	Zip:	County:	

591-1-1-.46(1)(a)(5) Any program granted an exemption from licensure that subsequently loses accreditation, closes and/or ceases operation shall notify the department in writing within five (5) business days of such a change. A program granted an exemption that has subsequent material changes in the operation of their program, such as, but not limited to, a change of physical location, a change in operating months, days, and/or hours, or a change in the ages served shall be required to submit a new application for exemption to the department.

**REASON(S) FOR REQUESTED AMENDMENT TO EXEMPTION (CHECK ALL THAT APPLY)**

**Category Number to Amend:**

- 1  
  2  
  3  
  4  
  5  
  6  
  7  
  8  
  9  
  10  
  11  
  12  
  13  
  14

**Change in name of program only:**

**Change in name cannot include a change of ownership.**

New name: \_\_\_\_\_

Effective date: \_\_\_\_\_

**Change in ages of children served:**

**Change in ages must meet the conditions of the category.**

Current ages served: \_\_\_\_\_ to \_\_\_\_\_

New ages to be served: \_\_\_\_\_ to \_\_\_\_\_

Effective date: \_\_\_\_\_

**Change in  months,  days, and/or  hours of operation:**

Current: \_\_\_\_\_ to \_\_\_\_\_

New: \_\_\_\_\_ to \_\_\_\_\_

Effective date: \_\_\_\_\_

Comments: \_\_\_\_\_

**Change in postal address (same location):**

Attach verification of new USPS street address

Effective date: \_\_\_\_\_

I represent that the official address listed on this application is current and correct. I will notify Bright from the Start in writing if my address changes, or if additional changes are required. I understand that I am responsible for meeting all applicable conditions and regulations associated with these changes.

\_\_\_\_\_  
 Individual Owner/Partner

\_\_\_\_\_  
 Director

For office use only:	
Amendment approval:	<input type="checkbox"/> <i>approved</i> <input type="checkbox"/> <i>denied</i>
_____	_____
Exemption Specialist	Date