



Credential Services

Client Application Information Form

MY INFORMATION

Last Name: _____
*Required

First Name: _____
*Required

APPLICATION INFORMATION

Applying by: (choose one) ☐ Personal Submission ☐ Employer Submission

Employer Name (if applicable): _____

Applying for Credential or Permit below:

Type	Emergency Type
☐ 30-Day Sub Permit	☐ Limited Assignment
☐ Multiple Subject	☐ Emergency CLAD
☐ Single Subject	☐ Waiver
☐ Education Specialist	☐ Other: _____
☐ Child Development	☐ Other: _____
☐ Pupil Personnel	
☐ Administrative	

Subect(s) (if applicable): _____

Feel free to attach additonal sheets if you wish to provide our office with more information.