

APPLICATION: National Sex Offender Registry Verification

The following individuals must complete the National Sex Offender Registry verification application:

- Any individual 18 years or older residing in the child-care setting where child care is occurring.
- Any individual working for a Regulated Child-Care Provider.
- Any individual with an ownership interest (corporate or non-corporate) in a Regulated Child-Care Provider and who participates in the organization and management of the operation.
- Any volunteer of a child-care provider, group day-care home or family child-care home.

Type or print clearly in ink. Fill in all necessary fields on the application. Once completed, use one of the following three options to submit the application for processing:

1. Mail to the Clearance Verification Unit, ChildLine at the following address:
Department of Human Services, PO Box 8170, Harrisburg, PA 17105-8170; **OR**
2. Scan the completed application and email to: **RA-PWNSOR@pa.gov**
In the subject line list 'NSOR Verification Applicant Last Name (i.e., Smith)'; **OR**
3. Hand deliver to the Clearance Verification Unit drop-off box located at:
2525 North 7th Street, Harrisburg, PA 17110. Free parking is available in the visitor's lot.

- There is no fee for the National Sex Offender Registry verification letter.
- Processing time is fourteen days from the date the application is received
- An electronic copy of the verification letter will be provided via encrypted email.
- Retain a copy of the completed application for your record. You may need a copy as proof of your submission for your employer.
- Refer all questions to the Clearance Verification Unit at 877-371-5422.

Purpose of the National Sex Offender Registry Verification (Check one box only)

- ☐ Individual 18 years or older residing in the facility where child care is occurring.
- ☐ Individual working for a Regulated Child-Care Provider.
- ☐ Individual with an ownership interest (corporate or non-corporate) in a Regulated Child-Care Provider and who participates in the organization and management of the operation.
- ☐ Volunteer of a child-care provider, group day-care home or family child-care home.

Applicant Demographic Information (All fields required)

Full Name (Last, First, Middle Initial): _____

Social Security Number (XXX-XX-XXXX): _____

Date of Birth (MM/DD/YYYY): _____

Daytime Phone Number (XXX-XXX-XXXX): _____

Home Mailing Address: _____

Include full street address, (Apt # or PO Box if applicable),

City, State and Zip Code

E-mail Address: _____

I affirm the above information is accurate and complete to the best of my knowledge and belief, and submitted as true and correct under penalty of law per Section 4904 of the Pennsylvania Crimes Code.

Signature: _____ **Date:** _____