



**AGENCY OF HUMAN SERVICES**  
**DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING**

Division of Licensing and Protection  
HC 2 South, 280 State Drive  
Waterbury VT 05671-2060  
<http://www.dail.vermont.gov>  
Survey and Certification Voice/TTY (802) 241-0480  
To Report Adult Abuse: (800) 564-1612  
Survey and Certification Fax (802) 241-0343  
Survey and Certification Reporting Line: (888) 700-5330

### Manager Change Request Form

Please fill in the details below and attach a copy of the new manager's resume/qualifications.

Facility Name: \_\_\_\_\_

New Manager's Name: \_\_\_\_\_

Date New Manager Took Over: \_\_\_\_\_

Manager's E-mail: \_\_\_\_\_

Interim / Permanent: \_\_\_\_\_

Are you currently listed on any other license? \_\_\_\_\_

If so, which facility? \_\_\_\_\_

For DLP Use Only

Comments

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Denied: \_\_\_\_\_ Date: \_\_\_\_\_