

# District Late Hire Documentation Verification Form

**This form will NOT be accepted prior to August 1**

Applicant Information	
Applicant's Full Name	Social Security No.
	- - - - -
Address	
Street	City State Zip
<p>I understand that I am submitting an application for licensure which I know to be incomplete. I understand that PTSB does not accept incomplete applications except in the case of late hiring where time constraints do not allow sufficient time to request proper documentation from issuing institutions. This form will not be accepted prior to August 1, of any school year.</p> <p>Documentation that is not included in this application, but has been request by the issuing institution includes:</p> <p><input type="checkbox"/> Institutional Recommendation      Date Requested from issuing institution    ____/____/____</p> <p><input type="checkbox"/> Official Transcripts                      Date Requested from issuing institution    ____/____/____</p> <p>If I do not submit the required documentation listed above within 30 calendar days, I understand my application will be cancelled, I will not be issued a Wyoming license, and I forfeit all fees. If, for any reason, I am not able to submit the required documentation within the 30 day requirement, I must contact my district and PTSB.</p> <p>If documentation is received within the specified time period, the validity date of my License will begin on the date that PTSB receives this form AND all other application documentation, except that which has been indicated below.</p>	
<b>Applicant Signature</b>	
By signing below, I affirm that the information provided on this form is true and accurate to the best of my knowledge.	
Signature	Date

## Authorized Signature of District Representative

**By signing below, you affirm that you have verified the documentation marked above has been requested by the applicant.**

Printed Name	Title
School District (Include District No.)	Telephone No.
	(      )
Address	
Street	City State Zip
<b>I affirm that the information provided on this form has been verified and is true and accurate to the best of my knowledge.</b>	
Signature	Date