REFERENCE REQUE	ST FOR:		
You must enter your full name	before you give this form to your r	eference for completion.	
The above named person have reference statement on his		the TrustLine Registry.	This person has selected you to write a
If you are related to this p	person in any way, please do	not complete this referer	nce statement.
Please complete the entire	form. Your honest reply will he	lp us ensure high quality, li	icense-exempt child care.
YOUR NAME			
STREET ADDRESS			
CITY	STATE	ZIP CODE	DAYTIME PHONE NUMBER
			()
1. How long have you know	vn this person?		
2. How do you know this p	erson?		
3. Please give your opinior	of this person's character.		

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4. Please describe any interaction you have observed between this person and children.				
5. Please add any comments you feel are relevant about this person and his/her desire to care for children.				
PRINT YOUR NAME				
YOUR SIGNATURE				
DATE				