

Government of the District of Columbia
Department of Health
Health Regulation and Licensing Administration
Health Regulation Administration

Appendix I

Health Care Facilities Division

Mailing Address:
DC Health
Health Regulation and Licensing
Administration
HCFD
P.O. Box 37804
Washington, DC 20013
Attn: Processing Center

CONTROLLING INTERESTS INFORMATION FOR MATERNITY CENTERS

****DISCLOSURE REQUIRED FOR ISSUANCE OF MATERNITY CENTER LICENSE**** This Controlling Interests Information Form must be copied and completed for each person and entity listed below.

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Licensee:	
Those owning 5% or more of the licensee:	
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Each Officer of the licensee:	
Each Board Member* of the licensee:	
Management Company:	
Those owning 5% or more of the management co:	
Fach Officer of the management company:	
Each officer of the management company.	
Each Board Member* of the management company:	
*Only Voluntary Board Members are exempt – see Voluntary Board Member Statement attached	