**SCC Provider Checklist**

**Provider Name:**

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| --- | --- |
| **Documents** | **Received** |
| Application  |  |
| CAPS Check |  |
| Background Check |  |
| Social Security Card |  |
| Liability Auto Insurance |  |
| Copy of Driver’s License |  |
| 7 Year MVR (Motor Vehicle Report) |  |
| Inspection (if car is over 5 years) |  |
| CPR and First Aid |  |
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