



**MINISTRY OF EDUCATION
TEACHERS LICENSE UPGRADE FORM**

<p>Checklist:</p> <p><input type="checkbox"/> Social Security card</p> <p><input type="checkbox"/> Qualifications (including original Transcript)</p> <p><input type="checkbox"/> Copy of previous license</p> <p><input type="checkbox"/> Marriage/divorce certificate(if name change is required)</p> <p><input type="checkbox"/> Application must be completed in duplicate</p>	A. Applicant's Biographical Data				
	1. Name				
		Last Name	First Name	Middle Name	
	2. Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated			
	3. Date of Birth				4. GENDER
		D	M	Y	<input type="checkbox"/> Male <input type="checkbox"/> Female
	5. Belize Social Security No.				
	B. Home Address				
	6. No. & Street				
	7. Name of Village, Town or City				
8. Name of District					
9. Home Phone No.					
10. Cell No.					
11. E-mail					
<p>For Official Use:</p> <p>License Awarded:</p> <p>Type: _____</p> <p>Level: _____</p> <p>Comments: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Application Review by: _____</p> <p>_____</p> <p>Date: _____</p> <p>Signature: _____</p>	C. EDUCATIONAL INFORMATION				
	12. Name of Institution:				
	13. Specialization or Area of Study:				
	14. Degree or Certification Obtained (Specify):				
	15. Date Obtained:				
	D. Level and Type of License				
	16. License Number:			17. Date of Issue:	
	18. Type:			19. Level:	
	20. License Type and level requested:				
	Signature:			Date:	

Please note that your identification and qualifications must be signed by a Justice of the Peace.