

Encouraging Quality...

Recognizing Excellence.

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www.necpa.net

## NECPA Deferral Fee Authorization Form

If your program is in deferral status without a re-verification visit, please submit this form and the requested documentation to the NECPA Commission.

### Program Information

Program Name:

NECPA Site Number:

Address:

City, State, Zip Code:

Director:

Phone Number:

Fax Number:

Email Address:

Licensed Capacity:

State License Number:

Number of Classrooms:

Number of Buildings:

### Order Placement

NECPA Payment Schedule	Quantity Per Order	Price Per Order	Subtotal
Deferral Fee, without a re-verification visit	1	\$325.00	\$325.00
<b>TOTAL</b>			<b>\$325.00</b>

### Payment Information

Check	Visa	MasterCard	American Express
<b>Credit Card Number:</b>			<b>Expiration:</b>
<b>Name on Card (Please Print):</b>			
<b>Signature:</b>			

### Agreements

- |    |  |
|----|--|
| 1) | Our program was deferred without a re-verification visit. We have attached the requested documentation for each deferred item. |
|----|--|

Name (Please Print)

Signature

Date