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887 Johnnie Dodds Boulevard  
1.800.505.9878 phone

Suite 212 • Mt. Pleasant, SC 29464  
1.800.505.9848 fax



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>Fees are non-refundable.</b>			<b>TOTAL \$325.00</b>

### Payment Information

<b>Check</b>	<b>Visa</b>	<b>MasterCard</b>	<b>American Express</b>
<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.
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Name (Please Print)

Signature

Date