



## 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>
Credit Card Number:			Expiration:
Name on Card (Please Print):			
Signature:			

### 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

For more information on NECPA news, policies, procedures, amendments and updates, please visit [www.necpa.net](http://www.necpa.net).