

Encouraging Quality...

Recognizing Excellence.

PO Box 2948 Merrifield, VA 22116
1.855.706.3272 phone

Washington DC Metropolitan Area
1.855.806.3272 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
Fees are non-refundable.			TOTAL \$325.00

Payment Information

Check	Visa	MasterCard	American Express
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