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10451 Mill Run Circle, Suite 200
 Owings Mills, Maryland 21117

Relocation application for BOC Accreditation

Facility Information		
Facility Name		Doing Business As (DBA)
New Street Address		
City	State	Zip
Phone		Fax
Email		Website
Practice Hours		
Have the practice hours changed? Yes ___ No ___		Date relocation will be complete:
M-F _____ Sa _____ Su _____		
Closed for lunch? (indicate time) _____		
Owner/Corporate Officer Signature		
<p>In signing this affidavit, I attest, upon personal knowledge, that all information reported in this application, including any and all accompanying documentation, is complete, accurate and true, to the best of my knowledge. I understand that falsification of information may result in a denial or revocation of accreditation. In submitting this application, I understand that I am granting permission to BOC and its authorized representatives to inspect my facility during normal business hours and without prior notification.</p>		
_____		_____
Print Owner/Corporate Officer Name		Signature Owner/Corporate Officer
Relocation of Facility Accreditation fees (fees are subject to change)		
On-site Survey fee \$995		
Method of Payment		
Check# _____	Exp. Date (MM/YY)	CSC# (3 digit code)
Visa ___ MC ___ Disc ___ CC# _____		
Name as it appears on card:		Cardholder signature:

The issuer of the card identified on this form is authorized to pay the amount shown as TOTAL upon proper presentation. I agree to pay such TOTAL (together with any other charges due thereon) subject to and in accordance with the Agreement governing the use of such card. Make Check or Money Order (in U.S. Dollars) payable to BOC. If your check is returned for any reason, you must submit a bank draft, money order or credit card payment with an additional fee of \$35.00 to cover the returned check processing fee. Applicants applying outside of the contiguous United States will be subject to an applicable surcharge for additional travel expenses. BOC does not offer refunds or accept post-dated checks.