

**Alabama Board of Home Medical Equipment**

P. O. Box 240636, Montgomery, AL 36124

Phone: 334-215-3474 FAX: 334.215.3457

Web Site: [www.homemed.alabama.gov](http://www.homemed.alabama.gov)

**APPLICATION FOR CHANGE OF ADDRESS**

**Instructions:**

- This form is to be completed for existing licensees who are requesting a change of address only.
- If additional changes such as equipment provided, FEIN or SSN, or disciplinary actions have ensued,



here. You will need to complete a new application instead.

- Once this completed form is received in the Board Office, you will be contacted by an Inspector for the Board to schedule your site inspection. The site inspection form and 21 Supplier Standards are published at [www.homemed.alabama.gov](http://www.homemed.alabama.gov) for your convenience.

Current License Number: \_\_\_\_\_

**Applicant Information**

**(Instructions: Please list below the new address and information)**

Legal Business Name: \_\_\_\_\_

(D.B.A., Trade, or Business Name)

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Preferred Mailing Address (for mailing purposes only):

\_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

FEIN# or SS#: \_\_\_\_\_ Date Business Started: \_\_/\_\_/\_\_\_\_

Yes  No Are patient records stored at this location?

If "No", where are they kept?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Instructions: All business licenses and occupational licenses are required to reflect the new physical address. List all business and occupational licenses you hold below (i.e. city, county or state business license, pharmacy license if supplying oxygen, Elevator Permit if supplying stair lifts, Orthotics and Prosthetics License (if supplying custom made O & P):**

State/County/City	Type License	Date License Expires	Is the new address reflected on this license?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

If additional space is needed, record on a separate sheet of paper and attach to this application.

**General Liability Insurance**

Instructions: General Liability Insurance Policy must reflect the new physical address.

Insurance Company Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Agent Name: \_\_\_\_\_

Agent Phone #: \_\_\_\_\_ Agent FAX: \_\_\_\_\_

- I have attached a copy of all business and occupational licenses reflecting new address;
- I have attached a copy of certificate of coverage for general liability insurance (minimum of \$300,000) reflecting new address;
- I have attached \$275 for the Site Inspection Fee upon Change of Physical location.
- Location is ready for site inspection now

OR

Location will be ready for site inspection after \_\_\_/\_\_\_/\_\_\_\_.

(licensees are to file a change of address notice 30 days prior or 30 days after move.)

**Affidavit of Applicant**

I, \_\_\_\_\_ acknowledge and state that all of the information supplied in this application is true and correct to the best of my knowledge, and that I have read and are familiar with the Rules and Regulations pertaining to the licensure of Home Medical Equipment in the State of Alabama. I acknowledge that any false or untrue statements or representation made in this application may result in the revocation or denial of any license to provide home medical equipment granted to me and/or criminal prosecution to the fullest extent of the law.

\_\_\_\_\_  
Person in Charge Signature

\_\_\_\_\_  
Date



**Alabama Board of Home Medical Equipment Services Providers  
Proof of Citizenship (POC) Form – for 2019 HME License Renewal**



**Inclusions:**

- This form is to be completed by existing licensees who are renewing their Alabama Home Medical Equipment License in 2019 in order to comply with Ala. Code § 31-12-7 (1975 as amended). If you received an initial license in 2019 and have already submitted this documentation, you are not required to submit this form or documentation again.
- This form must be completed by each individual affiliated with the ownership of the company and by the applicant if other than an owner of the company. Copies of this form may be made as needed.

Please use the enclosed envelope to submit this completed form with a copy of the required documentation proving citizenship or legal presence to the HME Board office no later than **August 31, 2019**. Do not send originals or faxes of citizenship/legal presence documents.

Name (Please Print): \_\_\_\_\_ Permit #: \_\_\_\_\_

Company Name: \_\_\_\_\_

**Track I: Please complete this section if you are a United States Citizen. Check all that apply below:**

- I am a United States Citizen. I am submitting the attached COPY of my document to prove citizenship. Please check and submit one of the following:
  - Alabama Driver's License or Identification issued by the Department of Public Safety
  - Driver's License from other state that required proof of legal presence
  - Birth Certificate indicating U.S. Birth
  - Valid U.S. Passport
  - Military Identification showing U.S. as place of Birth
  - Naturalization documents
  - Certificate of Citizenship
  - Consular report of birth abroad of U.S. Citizen
  - Bureau of Indian Affairs Identification
  - American Indian Card issued by Homeland Security
  - Final adoption decree showing person's name and place of U.S. Birth
  - Aerial Uniformed Services Privileges and Identification Card
  - Extract from a United States hospital record of birth created at the time of the person's birth indicating the place of birth in the United States
  - Certification of Birth issued by U.S. Department of State

I hereby declare that I am a citizen of the United States of America. I sign this declaration under penalty of perjury making a false or fictitious statement or representation in this declaration is perjury in the second degree, pursuant to Ala. Code § 13A-12-106.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Track II: Please complete this section if you are not a United States Citizen. Check all that apply below:**

- I am not a United States Citizen. I am submitting the attached COPY of any document to prove legal presence in the United States. Please check and submit one of the following:
  - I-987 Re-entry Permit
  - I-321 Permanent Resident Card
  - I-321 Refugee Travel Document
  - I-766 Employment Authorization Card
  - I-31 Arrival/Departure Record
  - Unexpired Foreign Passport
  - Temporary I-321 Stamp for passport or I-987
  - I-20 Certificate of Eligibility for non-immigrant (F-1) student status
  - DS 2019 Certificate of Eligibility for Exchange Visitor (J-1) status
  - Machine-readable immigrant Visa (with temporary I-321 language)
  - Other: Explain: \_\_\_\_\_

I hereby declare that I am an alien lawfully present in the United States of America. I sign this declaration under penalty of perjury making a false or fictitious statement or representation in this declaration is perjury in the second degree, pursuant to Ala. Code § 13A-12-106.

Signature \_\_\_\_\_

Date \_\_\_\_\_