



# CHANGE OF OWNERSHIP FORM

CONFIDENTIAL INFORMATION FOR INTERNAL USE ONLY

**Instructions:**

This form serves as official notification to NMEDA of an ownership change. Please complete this form and send into NMEDA office immediately upon taking ownership. Then follow the process described in QAP Rules section XII. If you have any questions, please call the membership coordinator at (800) 833-0427.

Date form completed: \_\_\_\_\_

Check all that apply:

- Store was accredited as QAP in good standing at time of purchase
- Store has never been accredited as QAP
- Staff staying as-is, only business name (or DBA) is changing
- There will be new staff (including technicians)
- New owners only, name is not changing
- Store is moving to new location (new mailing address)
- New owners have other store locations under the same name (other locations \_\_\_ are, or \_\_\_ are not QAP accredited)

**Store Information:**

New Business Name:	
Date of change of ownership:	
DBA (if different):	
Address:	
City/State(Province):	
Contact Phone:	
Contact Email:	
Previous Business Name:	
Previous Business Owner:	
QAP Label numbers to reassign:	

Additional Comments:

Buyer's Authorized Signature \_\_\_\_\_

**This form may be mailed or faxed to NMEDA  
3327 W. Bearss Ave., Tampa, FL 33618 – Fax (813) 962-8970**