

**THE STATE OF OHIO
BOARD OF EXECUTIVES OF LONG TERM SERVICES & SUPPORT
246 N HIGH ST., 1ST FL
COLUMBUS, OH 43215-2406
PHONE: (614) 466-5114**

FEE TRANSMITTAL SHEET

LICENSE NO. _____
NAME _____
ADDRESS _____
CITY, STATE ZIP _____

Send your **check** or **money order** for any fees, payable to **Treasurer, State of Ohio** along with this transmittal sheet to:

**OHIO DEPT OF AGING/BELTSS
246 N. HIGH ST./1ST FL.
COLUMBUS, OH 43215-2406**

TYPE OF FEE (Check One):		CHECK NO.
_____ BELTSS1306	\$300.00 Annual Renewal Fee*	_____
_____ BELTSS1307	\$50.00 Administrator-in-Training Fee	_____
_____ BELTSS1301	\$250.00 Original License Fee	_____
_____ BELTSS1305	\$25.00 Duplicate/Replacement/Name Change Fee**	_____
_____ BELTSS1308	\$150.00 Reciprocity (Out of State) Fee	_____
_____ BELTSS1300	\$_____ Other _____	_____
	TOTAL	_____

All checks/money orders **must be accompanied** with this transmittal sheet to ensure that your account is credited. Failure to submit your payment with this transmittal sheet may result in your check/money order being returned, which could delay the processing of your application and result in penalties.

*Annual Renewals must include the name of the NHA on the transmittal and the check; multiple renewals paid by the same check **must** include the names of **all** the Administrators being renewed. Please be sure to **include the invoice number** on your check/money order.

A duplicate certificate of registration and license may be issued in the event of a legal change of name by submitting to the board **a certified copy of the court order or **marriage license** establishing the change of name, by returning at the same time the **original NHA wall license** and **certificate of registration (wallet card)**, and by **paying a fee of twenty-five dollars (\$25)**.

NOTE: It is suggested that **both** envelopes be mailed at the same time to ensure each account is properly credited by Accounts Receivable.