



Home Medical Equipment (HME) Change of Address Form

Complete the form, sign, and date. Keep a copy for your file. Submit to the Board via [eLicense Ohio](#) as a **Submit Additional Documentation** request.

Part 1 – Business and License Information

Business Name	License Number
Email Address	Phone (XXX-XXX-XXXX)
Designated Representative Name	Effective Date of Change:

Part 2 – Location Information

Physical Address

CURRENT Address (Street, City, State, and Zip)	
CURRENT County	
NEW Address (Street, City, State, and Zip)	
NEW County	

Mailing Address

CURRENT Address (Street, City, State, and Zip)	
CURRENT County	
NEW Address (Street, City, State, and Zip)	
NEW County	

Part 3 – Attestation and Signature - *To be completed by the licensee’s Designated Representative listed above.*

I DECLARE UNDER THE PENALTIES OF FALSIFICATION AS SET FORTH IN CHAPTERS 2921. AND 4752. OF THE OHIO REVISED CODE THAT THE CHANGE OF LOCATION DID NOT RESULT FROM OR IMPACT THE BUSINESS OWNERSHIP OR OPERATIONS AS PREVIOUSLY REPORTED TO THE BOARD AND THE ANSWERS PROVIDED ON THIS FORM ARE **TRUE, CORRECT, AND COMPLETE.**

Signature

Date Signed