



Request No. _____
Date Received _____
Received By _____

STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

100 NORTH UNION STREET, SUITE 870 MONTGOMERY,
ALABAMA 36104

**REQUEST FOR DETERMINATION OF EXEMPTION STATUS
FOR REPLACEMENT OF EXISTING EQUIPMENT**

A filing fee in the amount of \$ _____ has been submitted with this application.

Requestor Identification (Check one)

_____ Hospital _____ Nursing Home _____ Other (Specify) _____

A. _____
Name of Requestor

Address	City	County
State	Zip	Phone Number

B. _____
Name of Facility/Organization (if different from A)

Address	City	County
State	Zip	Phone Number

C. _____
Name of Legal Owner (if different from A or B)

Address	City	County
State	Zip	Phone Number

D. _____
Name and Title of Person Representing Proposal and With Whom SHPDA Should Communicate

Address	City	County
State	Zip	Phone Number

DESCRIPTION OF EQUIPMENT TO BE REPLACED

DESCRIPTION OF PROPOSED NEW EQUIPMENT

A. Manufacturer:

B. Serial Number:

C. Model:

D. Name of Equipment:

E. Fair Market Value of Equipment at Present:

E. Cost of Equipment (include written price quote):

F. Describe Use of Current Equipment:

G. Describe Use of Proposed Equipment:

H. List any attachments or additional procedures associated with this new equipment not performed by old equipment:

COST

- A. Equipment Costs \$ _____
 Cost of equipment ONLY; do not list lease cost.
 (Costs must be supported by price quote on manufacturer's stationary/letterhead).
- B. Less Trade-In of Old Equipment -\$ _____
- C. Total Cost of Equipment \$ _____

Calculation of fee for this Determination:

Multiply dollar amount in COST section (C. Total Cost of Equipment) by one percent (1%) (the application fee for a Certificate of Need);

- Non-Rural Hospitals:
Twenty percent (20%) of the calculation obtained above.
- Rural Hospitals:
Twenty-five percent (25%) of the calculation obtained above.

Include manufacturer's literature on old equipment, if available, and on the new equipment.

Include any other information pertinent to the determination.

The Executive Director may request any other information which is relevant to their decision.

CERTIFICATION

I certify that the information provided herein is true and correct and that there is no additional information which would be pertinent to this application which has not been provided. Further, I understand that any misrepresentation on this application or failure to include relevant information may void any favorable determination secured by such misrepresentation or omission.

Signature of Applicant

Printed Name of Applicant

Title of Applicant

Sworn to and subscribed before me this
____ day of _____, 20____.

Notary Public (SEAL)

My Commission Expires _____