

# Annual Application for NAID AAA Certification for Electronic Media Erasure

ONE APPLICATION REQUIRED FOR EACH LOCATION



## Part 1.) APPLICATION TYPE

Date: \_\_\_\_\_

INITIAL APPLICATION     RENEWAL APPLICATION

**CONSULTING SUBSIDY:** A \$400 post-audit rebate is available after to partially reimburse for the expense of an i-SIGMA-approved consultant to assist with the Initial application process.

Will the Applicant be applying for the Consulting Subsidy post audit?     Yes     No

Do you plan to apply for e-Stewards Certification within the year?     Yes     No

Is the location to which this application applies participating in the R2/SERI Program?     Yes     No

## Part 2.) CONTACT INFORMATION

Company Name (Applicant): \_\_\_\_\_

Physical Address \_\_\_\_\_

City: \_\_\_\_\_ State/Prov: \_\_\_\_\_ Postal: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Certification Contact: \_\_\_\_\_ Email: \_\_\_\_\_

## Part 3.) OPERATIONAL INFORMATION

*Number of Access Individuals & Service Vehicles listed in this section must be consistent with the required Access Individuals and Service Vehicles lists in Part 6.*

Number of Access Individuals (*Employees/Agents with access to Confidential Customer Media*): \_\_\_\_\_

Office Hours: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_     Not Applicable

Service Vehicle Count: \_\_\_\_\_     Not Applicable

Time First Service Vehicle Dispatch (*Select one*):

Not Applicable

Consistent Daily @ \_\_\_\_\_

Varies Daily: M @ \_\_\_\_\_ Tu @ \_\_\_\_\_ W @ \_\_\_\_\_ Th @ \_\_\_\_\_ F @ \_\_\_\_\_ Sa @ \_\_\_\_\_ Su @ \_\_\_\_\_

Are Service Vehicles stored at a location other than address above?

N/A     No     Yes (*List address*): \_\_\_\_\_

Please indicate Platform(s) by which media is processed at this location (*Select all that apply*):

Facility-based Destruction     Mobile/Onsite Destruction

Transfer Processing Station\*     Collection-only Facility\*

\*If checked, list address of affiliated destruction facility: \_\_\_\_\_

i-SIGMA USE ONLY	Rec'd	Member #:	Expiration Date:	Complete:
	Initial/Renew:	Auditor:	Audit #:	Audit Year: <input type="checkbox"/> Yes <input type="checkbox"/> No

Please indicate the Media Destruction Endorsements that will be processed at this location (Select all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> Conventional Hard Drive Overwriting | <input type="checkbox"/> Solid-State Drive Overwriting |
| <input type="checkbox"/> Conventional Hard Drive Degaussing  | <input type="checkbox"/> Magnetic Tape Degaussing      |

NOTE: Applicant is required to possess the in-house capability to physically destroy electronic media selected above to NAID AAA Certification specifications. As a result, the corresponding Endorsement for Physical Media Destruction will also show among the operation's NAID AAA Certification credentials.

## Part 4.) REQUIRED NAID AAA SPECIFICATIONS

*Specification details and audit methodology are provided in the i-SIGMA Certification Specifications Reference Manual available free of charge on the i-SIGMA website.*

*The requirement to meet some specifications will be dependent on the nature of service platforms (Facility-based or Mobile/Onsite) and/or the media destruction Endorsement(s) sought by the applicant.*

*Some specifications referenced below are followed by questions that must be completed as part of the application submission.*

### SECTION 1: SPECIFICATIONS APPLICABLE TO ALL NAID AAA CERTIFICATIONS

- 1.1 CITIZENSHIP/WORK ELIGIBILITY REQUIREMENT
- 1.2 INITIAL ACCESS INDIVIDUAL SCREENING REQUIREMENT
- 1.3 ONGOING SUBSTANCE ABUSE SCREENING

*Select one:*

- Option #1:** Upon hire and thereafter on a random basis, 50% of Access Individuals are drug screened annually.
- Option #2:** Management has been trained in a "Substance Abuse Recognition Awareness Program" pre-approved by i-SIGMA. *(Submit i-SIGMA "Substance Abuse Recognition Training Program" (SARP) form with application for approval along with an outline of the training, or if approval has already been obtained submit the approved copy of the form for review with application.)*

- 1.4 ONGOING ACCESS INDIVIDUAL SCREENING

All Access Individuals have criminal record searches conducted every three years.

Year of most recent search: \_\_\_\_\_

- 1.5 DRIVER QUALIFICATIONS
- 1.6 WRITTEN POLICIES AND PROCEDURES AND ACCESS INDIVIDUAL AWARENESS ATTESTATION
- 1.7 WRITTEN DRIVER/FIELD OPERATIONS POLICIES AND PROCEDURES
- 1.8 MANAGEMENT BREACH NOTIFICATION ACCOUNTABILITY
- 1.9 ACCESS INDIVIDUAL BREACH NOTIFICATION POLICY/TRAINING
- 1.10 INCIDENT RESPONSE PLAN

1.11 UNANNOUNCED AUDIT PROCEDURES

1.12 ACCESS INDIVIDUAL TRAINING

Select the Option below used to train Access Individuals annually to comply with the applicable certification requirements.

Select one:

- Option #1:** All Access Individuals have taken and passed the i-SIGMA Access Individual Training Program (AETP). (Submit "Access Employee Training Program Licensing" Form with application.)
- Option #2:** All Access Individuals have taken and passed a third-party training course, which has been pre-approved by i-SIGMA. (Submit i-SIGMA "Access Employee Training Program Approval" (AETP) form with application for approval along with an outline of training, or if approval has already been obtained submit the approved copy of the form for review.)
- Option #3:** All Access Individuals have taken and passed an in-house training, which has been pre-approved by i-SIGMA. (Submit i-SIGMA "Access Employee Training Program Approval" (AETP) form with application for approval along with an outline of training, or if approval has already been obtained submit the approved copy of the form for review.)

1.13 ACCESS INDIVIDUAL IDENTIFICATION ON DUTY

1.14 UNIFORMED FIELD ACCESS INDIVIDUALS

1.15 RECEIPT OF MEDIA ACCEPTANCE

1.16 VEHICLE ROADWORTHINESS

1.17 VEHICLE LOCKS

1.18 DATA SUBJECT RESPONSE POLICY

1.19 VERIFICATION OF ENTITY LEGAL STATUS/OWNERSHIP

1.20 TRANSFER OF CUSTODY (OF UNDESTROYED DATA CONTROLLER MEDIA)

Indicate any categories of subcontractors to which Applicant transfers custody of undestroyed Data Controller Media.

- Temporary Staffing
- Transportation (of media prior to destruction)
- Other \_\_\_\_\_

1.21 TRANSPARENCY IN BIDDING

1.22 VEHICLE INSPECTION REQUIREMENTS

1.23 DRIVER TWO-WAY COMMUNICATIONS

1.24 RESPONSIBLE CARE DURING CUSTODY

1.25 PERSONAL PHOTOGRAPHIC/ELECTRONIC EQUIPMENT POLICY REQUIREMENT

1.26 VEHICLE SECURITY

1.27 DESIGNATION OF A DATA PROTECTION OFFICER (DPO)

Name of DPO Officer \_\_\_\_\_

1.28 DESIGNATION OF AN i-SIGMA CERTIFICATION COMPLIANCE OFFICER (ICCO)

Name of ICCO Officer \_\_\_\_\_

**SECTION 2: SPECIFICATIONS APPLICABLE TO FACILITY-BASED NAID AAA CERTIFICATION OPERATIONS**

2.1 ACCESS CONTROL

2.2 VISITOR LOG REQUIREMENT

2.3 SECURED AREA IN MULTI-USE FACILITIES

- 2.4 FACILITY INTRUSION & FIRE DETECTION
- 2.5 CLOSED CIRCUIT IMAGE CAPTURE
- 2.6 COLLECTION-ONLY FACILITY REQUIREMENTS (If applicable)
- 2.7 OPERATIONAL SECURITY LOGS

**SECTION 4: ADDITIONAL SPECIFICATIONS APPLICABLE TO NAID AAA CERTIFICATION  
MEDIA DESTRUCTION**

**4.3 HARD DRIVE PHYSICAL DESTRUCTION ENDORSEMENT**

Applicable (*Provide details below*)     Not Applicable

By What Platform are physical destruction services provided?

Facility-Based                       Mobile/Onsite

Please provide the following information regarding the hard drive destruction equipment:

Hard Drive Physical Destruction Method: \_\_\_\_\_  
(e.g. shredding, crushing, piercing)

**4.4 SOLID-STATE DEVICE PHYSICAL DESTRUCTION ENDORSEMENT**

Applicable (*Provide details below*)     Not Applicable

By What Platform are physical destruction services provided?

Facility-Based                       Mobile/Onsite

Please provide the following information regarding the Solid-State Device destruction equipment:

Solid-State Device Physical Destruction Method: \_\_\_\_\_  
(e.g. shredding, crushing, piercing)

**4.6 HARD DRIVE AND/OR SOLID-STATE DEVICE OVERWRITING ENDORSEMENT**

By what Platform are overwriting services provided? (*check all appropriate*)

Facility-based     Mobile/Onsite

What memory devices are overwritten?

Hard Drives (Types/Sizes): \_\_\_\_\_ / \_\_\_\_\_ , \_\_\_\_\_ / \_\_\_\_\_ , \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Solid-State (Types):     Laptop     Mobile Phone     Flash Drives

Other: \_\_\_\_\_

NOTE: Additional components of the Overwriting Process are defined in the Overwriting Process Questionnaire, which is required to be submitted with this application.

**4.6(qc) QUALITY CONTROL: PLANT-BASED AND/OR ONSITE HARD DRIVE/SOLID-STATE DEVICE OVERWRITING**

**4.7 MAGNETIC MEDIA DEGAUSSING ENDORSEMENT**

NOTE: Additional components of the Degaussing Process are defined in the Degaussing Process Questionnaire, which is required to be submitted with this application.

**4.7(qc) QUALITY CONTROL: MAGNETIC MEDIA DEGAUSSING**

**4.8 USE OF NSA LISTED DEGAUSSERS**

**4.9 TRAINING OF DEGAUSSING TECHNICIAN(S)**

**4.10 DESTRUCTION OF MAGNETIC MEDIA ALSO CONTAINING SOLID-STATE DEVICES**

**4.11 THIRD-PARTY TESTING OF DEGAUSSING EFFICACY**

**4.12 MAINTENANCE OF A DEGAUSSING EQUIPMENT CALIBRATION VERIFICATION LOG**

- 4.13 DESTRUCTION TIME FRAME FOR ELECTRONIC OVERWRITING AND DEGAUSSING
- 4.14 *ELECTRONIC ERASURE UNIQUE IDENTIFIER TRACKING (Applicable for Hard Drive and SSD Destruction Only)*
- 4.15 *POST DESTRUCTION DELINEATION OF ELECTRONIC MEDIA*
- 4.16 RESPONSIBLE DISPOSAL OF DESTROYED ELECTRONIC WASTE *(Applicable for Hard Drive and SSD Destruction Only)*
- 4.17 ELECTRONIC RECYCLING PERMIT COMPLIANCE
- 4.19 OPERATION OF TRANSFER PROCESSING STATIONS AND FACILITY-BASED (COMPLETED IN SECTION 3)
- 4.20 QUALITY CONTROL MONITORING OF DESTRUCTION PROCESS
- 4.21 RESPONSIBLE DISPOSAL REQUIREMENT
- 4.23 ON PREMISES DESTRUCTION REQUIREMENT *(Mobile/Onsite Service Platform Only)*
- 4.24 (N) GENERAL LIABILITY COVERAGE

**Section 5.) AGREEMENT**

By signing below, I represent that I have the authority as an agent of the firm applying for NAID AAA Certification and affirm it meets all requirements of thereof and, in choosing the i-SIGMA Audit Regime, agree to ongoing scheduled and unannounced audits to verify such compliance and agree to abide by the Terms and Conditions as stipulated in the i-SIGMA Certification Specifications Reference Manual.

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

TITLE \_\_\_\_\_

## Part 5.) PAYMENT (in USD)

### ANNUAL NAID AAA CERTIFICATION FEES

- Fees must be submitted with the application.
- Fees are per location (One application per location).
- Multi-location Certification Program participants should contact i-SIGMA for assistance in calculating fees.

#### Facility-based and/or Mobile/Onsite Destruction Operations

- Hard Drive Overwriting
- Solid-State Overwriting
- Magnetic Media Degaussing

One of the three .....	\$3,828
Two of the three .....	\$5,012
All Three .....	\$6,092
Transfer Processing Station (TPS) .....	\$1,045 - U.S. and Canada \$1,866 - International

### ADDITIONAL FEES

Note: Additional Fees of \$275 may be assessed to Renewal Applications for:

- Remediation of incomplete renewal applications
- Delay of an audit due to lack of preparedness
- Post-audit remediation of non-compliance issues

### PAYMENT METHOD

- Credit Card       Check Enclosed

CC Number: \_\_\_\_\_ Expiration: \_\_\_\_ / \_\_\_\_

Name on Card \_\_\_\_\_ Security Code \_\_\_\_\_

Signature: \_\_\_\_\_

## Part 6.) ADDITIONAL REQUIRED FORMS

- A. Each of the following forms is required to accompany application submission, dependent on the nature of service platforms (Facility-based or Mobile/Onsite) and/or the media destruction Endorsement(s) sought by the applicant.
1. **Access Individuals and Non-Access Individuals List** – A list of all employees/individuals broken down by “Access Individuals” and “Non-Access Individuals” indicating title/position/responsibility (driver, owner, manager, processing, etc.), and date of hire. Also, the Applicant must indicate any employees who are not citizens of the employer’s country. (See the Definitions document for detailed descriptions of Access Individuals and Non-Access Individuals). Required in reference to specifications 1.1, 1.2, 1.3, 1.4, 1.6 and 1.12.
  2. **List of Collection Vehicles** – A List of all collection vehicles, including Vehicle make & model, VIN, License Plate Number and State vehicle is licensed in. Required in reference to specifications 1.5, 1.16, 1.17, and 1.22.
  3. **Overwriting Process Questionnaire** – Additional components of the Overwriting Process are defined in the Overwriting Process Questionnaire, which is required to be submitted with this application. Required in reference to specification 4.6.
  4. **Degaussing Process Questionnaire** – Additional components of the Degaussing Process are defined in the Degaussing Process Questionnaire, which is required to be submitted with this application. Required in reference to specification 4.7.
- B. The following forms may be required to accompany application submission based upon options selected throughout the application.
1. **Access Employee Training Program Licensing Form** – This form indicates that all current Access Individuals have taken and passed the i-SIGMA Access Individual Training Program (AETP). Required in reference to specification 1.12, Option 1.
  2. **Access Employee Training Program Approval Form and Outline of Training** – This form indicates that all current Access Individuals have taken and passed a third-party training course which has been pre-approved by i-SIGMA, or all Access Individuals have taken and passed an in-house training. Submit i-SIGMA “Access Employee Training Program Approval” (AETP) form with application for approval or if approval has already been obtained submit the approved copy of the form for review; submit an outline of training with this form. Required in reference to specification 1.12, Options 2 & 3.
  3. **Substance Abuse Recognition Awareness Program** – This form indicates that all Management has been trained in a “Substance Abuse Recognition Awareness Program” pre-approved by i-SIGMA. Submit i-SIGMA “Substance Abuse Recognition Training Program” (SARP) form with application for approval or if approval has already been obtained, submit the approved copy of the form for review. Required in reference to specification 1.3, Option 2.



# Service Vehicles List

Pertains to Certification Specs. 1.5, 1.16, 1.17, and 1.22

	Destruction/ Collection	Vehicle Identification Number (VIN #)	Vehicle Make & Model	License Plate Number	State/Province of License	Overnight Storage Address (Addr, City, State)	Available for Audit? Y/N	Auditor Use Only			
								Reg Ins	Road Worthy	Locks	Truck Chkd
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
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17											
18											

# Overwriting Process Questionnaire

## Pertains to Certification Spec 4.6 and 4.7

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Please fully respond to each of the questions below, as well as indicating where (page or section) it is addressed within your company's policies and procedures. Please attach a separate sheet with your responses. If applying for both Onsite and Plant-based Overwriting Operations, please fill out a separate questionnaire for each type of operation.

1. Do you provide your clients with any written information diagramming or describing the stages of your overwriting process?
2. Briefly describe the receipt/acceptance of media, identification and recording of serial numbers/unique identifiers for Electronic Media and labeling of media for either overwriting or physical destruction.
3. How are Electronic Media for overwriting, media for degaussing (if applicable), Electronic Media for physical destruction and Electronic Media that require no destruction services identified and segregated?
4. Do you stage/hold Electronic Media identified for overwriting in an area other than where they will be overwritten? If so, describe when and how these are moved to the overwriting area.
5. Do you stage/hold Electronic Media identified for physical destruction in an area other than where they will be destroyed? If so, describe security and when and how these are moved to the physical destruction area.
6. How are Electronic Media to be overwritten and those to be physically destroyed secured from unauthorized access and isolated from commingling with other equipment or media for disposal, resale, or some other purpose?
7. Identify the overwriting software used for Hard Drive Overwriting and describe the method utilized (i.e. 1's and 0's, random characters, Secure Erase, etc.).
  - Manufacturer:
  - Model/Version Number:
  - Serial Number/Unique Identifier:
  - Method:
8. Identify the overwriting software used for SSD Overwrite (if applicable) and describe the method utilized (i.e. 1's and 0's, random characters, Secure Erase, etc.).
  - Manufacturer:
  - Model/Version Number:
  - Serial Number/Unique Identifier:
  - Method:
9. How do you determine when wiping/overwriting is no longer acceptable, i.e. damaged sectors, and that physical destruction is now required?
10. Identify the Recovery/Verification software used during the Quality Control check to confirm that no information is recoverable from the overwritten Hard Drives (or define, in detail, the method used). The Quality Control software manufacturer must be different than the Overwriting software manufacturer.
  - Manufacturer:
  - Version/Model Number:
  - Serial Number/Unique Identifier:

11. Identify the Recovery/Verification software used during the Quality Control check to confirm that no information is recoverable from the overwritten SSDs (or define, in detail, the method used). The Quality Control software manufacturer must be different than the Overwriting software manufacturer.
  - Manufacturer:
  - Version/Model Number:
  - Serial Number/Unique Identifier:
12. Briefly describe your firm's Quality Control Process that confirms again that no recoverable information is on the overwritten Electronic Media. The process must minimally include the following:
  - Percentage or number of random devices selected
  - The Quality Control process on a particular device is performed by a different individual than the one who overwrote the unit
  - Procedure to follow if check reveals that the device has not been completely or properly overwritten (recoverable information on it)
13. After overwriting and quality control, how is Electronic Media tagged/identified and separated/isolated from those still to be overwritten or destroyed?
14. How are memory drives & devices purchased from another ITAD company incorporated into your quality control?
15. Describe or provide a sample of the recordkeeping audit trail for Electronic Media throughout the entire overwriting process.
16. Do you use a common carrier, subcontractor or another non-employee or entity to transport Electronic Media for overwriting or destruction? If yes, please describe the process and include a list of all entities used within the last year.

# Degaussing Process Questionnaire

## Pertains to Certification Spec 4.6 and 4.7

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Please fully respond to each of the questions below, as well as indicating where (page or section) it is addressed within your company's policies and procedures. Please attach a separate sheet with your responses.

1. Do you provide your Clients with any written information diagramming or describing the stages of your degaussing process?
2. Briefly describe the receipt/acceptance of media, identification and recording of serial numbers/unique identifier for Magnetic Media, and labeling of media for either degaussing or physical destruction.
3. How are media for degaussing, media for sanitization (if applicable), media for physical destruction and media that require no destruction services identified and segregated?
4. Do you stage/hold media identified for degaussing in an area other than where they will be degaussed? If so, describe when and how these are moved to the degaussing area.
5. Do you stage/hold Electronic Media identified for physical destruction in an area other than where they will be destroyed? If so, describe security and when and how these are moved to the physical destruction area.
6. How are media to be degaussed and those to be physically destroyed secured from unauthorized access and isolated from commingling with other equipment or media for disposal, resale or some other purpose?
7. Identify the degaussing equipment used and describe the specific media degaussed with that equipment.
  - Manufacturer:
  - Model/Version Number:
  - Serial Number/Unique Identifier:
  - Range of Oersted listed on NSA EPL-D:
8. Describe the process for evaluating media to determine the type of media, whether the media is included on the list of approved media for the degaussing equipment used, and whether any data is stored on solid state components.
9. Describe the process for routinely verifying and calibrating degaussing equipment. What is the equipment OEM's recommendation for verifying ongoing equipment effectiveness?
10. Describe the process for testing sample media by a third-party data recovery service; including method of recovery and the frequency that testing is conducting. What is the process for addressing reports of recoverable data, including corrective actions? What method and frequency of testing does the equipment OEM recommend?
11. Briefly describe your firm's Quality Control Process.
12. After degaussing and quality control, how is media tagged/identified and separated/isolated from those still to be sanitized or destroyed?
13. Describe or provide a sample of the recordkeeping audit trail for Electronic Media throughout the entire sanitization process.
14. Provide a sample copy of the certificate or confirmation of media degaussing and/or physical destruction provided to the Client. This should, at minimum, include:
  - Original receipt date of media
  - Serial numbers (or Unique Identifiers) of media
  - Completion date for degaussing and/or physical destruction
15. Do you use a common carrier, subcontractor or another non-employee or entity to transport media for degaussing or destruction? If yes, please describe the process and include a list of all entities used within the last year.

# NAID AAA and PRISM Privacy+ Certification Program Access Employee Training Program Approval Submission Form



Pertains to Certification Spec 1.12 Options #2 & #3

Please complete this form and submit to i-SIGMA for approval of your Access Employee Training Program (AETP). Upon approval of your program a confirmation email will be sent. Please remember that all access employees must go through the program annually.

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

Contact Email: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Total # Access Employees Trained: \_\_\_\_\_ (all access employees must be trained, per Section 2.1g of the NAID AAA Certification Application)

Is the application for multiple locations?  No  Yes (If yes, please provide the Company name, city and state of the other location(s) that will be utilizing this program.)

1. Company: \_\_\_\_\_ City: \_\_\_\_\_ State/Prov: \_\_\_\_\_ Country: \_\_\_\_\_

2. Company: \_\_\_\_\_ City: \_\_\_\_\_ State/Prov: \_\_\_\_\_ Country: \_\_\_\_\_

3. Company: \_\_\_\_\_ City: \_\_\_\_\_ State/Prov: \_\_\_\_\_ Country: \_\_\_\_\_

Agency administering the program: \_\_\_\_\_

Contact person at Agency: \_\_\_\_\_

Title of Program: \_\_\_\_\_

Date the program was last conducted (or is to be conducted): \_\_\_\_\_

I am providing the following program information:

Type of or sample of dated documentation indicating the successful completion of the program:

- Certificate  Graded test  
 Signed attendance roster  Other, explain \_\_\_\_\_

**AND**

Outline of Program & Handouts/materials used during training

Company Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

**i-SIGMA Use Only**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Please submit the form via: FAX: (480)658-2088 | EMAIL: certification@naidonline.org | QUESTIONS: (602)788-624



# Substance Abuse Recognition Training Program Approval Submission Form For NAID AAA & PRISM Privacy+ Certification



**Pertains to Certification Spec 1.3 Option #2**

Please complete this form and submit to i-SIGMA for approval of your Substance Abuse Program Training (SARP). Upon approval of your program a confirmation email will be sent. Please remember that manager(s) and/or supervisors must go through the program annually.

Company: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Contact Email: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State/Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Total # Supervisors Trained at above Operation: \_\_\_\_\_ Total # Destruction Employees at above Operation: \_\_\_\_\_

Is the application for multiple locations?  No  Yes (If yes, please provide the Company name, city and state of the other locations that will be utilizing this program.)

1. Company: \_\_\_\_\_ City: \_\_\_\_\_ State/Prov: \_\_\_\_\_ Country: \_\_\_\_\_

2. Company: \_\_\_\_\_ City: \_\_\_\_\_ State/Prov: \_\_\_\_\_ Country: \_\_\_\_\_

Agency administering the program: \_\_\_\_\_

Contact person at Agency: \_\_\_\_\_

Agency phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

Title of Program \_\_\_\_\_

Date the program was last conducted (or is to be conducted) \_\_\_\_\_

I am providing the following program information:

Certificate  Graded test  Signed attendance roster  Other, explain \_\_\_\_\_

AND

Outline of Program & Handouts/materials used during training OR  Proof of DOT approved program

Company Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Office Use Only

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Please submit the form via:

FAX: (480)658-2088

EMAIL: [certification@isigmaonline.org](mailto:certification@isigmaonline.org)