

Annual Application for NAID AAA Certification for Physical Media Destruction

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

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: _____

Please indicate the Physical Media Destruction Endorsements that apply to this location (*must include all provided*):

Paper Micro Media Non-Paper Media (Optical Media)

Hard Drives Solid-State Devices Product Destruction

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

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.)

- 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)

Designated DPO Officer _____

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

Designated 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

2.7 OPERATIONAL SECURITY LOGS

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

4.1 PAPER/PRINTED MEDIA PHYSICAL DESTRUCTION ENDORSEMENT

Applicable (*Provide details below*) Not Applicable

Select Service Platform offered:

Facility-Based Destruction Mobile/Onsite Destruction

Select Paper Media Destruction Equipment/Methodology:

Continuous Shred: Width (max): 5/8 inch; Length: Indefinite

Cross Cut or Pierce & Tear: Width (max): 3/4 inch; Length (max): 2.5 inches

Pulverizer, Disintegrator or Hammermill*: Screen Size (max): 2-inch diameter holes

Unspecified Equipment: Please describe the type of equipment and cutting mechanism specifications (screen hole size*, blade width, etc.):

Please provide the following information regarding the primary paper/printed media destruction equipment:

Mobile/Onsite or Facility Equipment _____

Manufacturer: _____

Model: _____

Serial # _____

Horsepower _____

Please check box if providing a list of additional equipment information.

4.2 MICRO MEDIA PHYSICAL DESTRUCTION ENDORSEMENT

Applicable (*Provide details below*) Not Applicable

Select Service Platform offered:

Facility-Based Mobile/Onsite

Please provide the following information regarding the micro media destruction equipment:

Mobile/Onsite or Facility Equipment _____

Manufacturer: _____

Model: _____

4.3 HARD DRIVE PHYSICAL DESTRUCTION ENDORSEMENT

Applicable (*Provide details below*) Not Applicable

Select Service Platform offered:

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

Select Service Platform offered:

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)

4.5 OPTICAL MEDIA/ MAGNETIC MEDIA ENDORSEMENT

Applicable (*Provide details below*) Not Applicable

Select Service Platform offered:

Facility-Based Mobile/Onsite

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

Types of Optical Media/Magnetic Media physically destroyed:

Optical Media Magnetic Tape Media Other: _____

Optical Media/ Magnetic Media Physical Destruction Method _____
(e.g. shredding, disintegration, incineration)

4.16 RESPONSIBLE DISPOSAL OF DESTROYED ELECTRONIC WASTE (*Applicable for Hard Drive and SSD Destruction Only*)

4.17 ELECTRONIC RECYCLING PERMIT COMPLIANCE (*Applicable for Hard Drive and SSD Destruction Only*)

4.18 PRODUCT DESTRUCTION ENDORSEMENT

Applicable (*Provide details below*) Not Applicable

Select Service Platform offered:

Facility-Based Mobile/Onsite

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.

UNITED STATES & CANADA

- Facility-Based or Mobile/Onsite..... \$1,310
- Facility-Based and Mobile/Onsite..... \$1,455
- Transfer Processing Station (TPS)..... \$1,045
- Transfer Processing Station w/Mobile/Onsite..... \$1,455

OUTSIDE UNITED STATES & CANADA

- Facility-Based or Mobile..... \$2,336
- Facility-Based and Mobile..... \$2,597
- Transfer Processing Station..... \$1,866
- Transfer Processing Station w/Mobile/Onsite..... \$2,597

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.
- 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											
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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