

# Annual Application for PRISM Privacy+ Certification

ONE APPLICATION REQUIRED FOR EACH LOCATION



## Part 1.) APPLICATION TYPE

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

INITIAL APPLICATION      RENEWAL APPLICATION

### AUDIT REGIME (Select one):

- i-SIGMA** - i-SIGMA auditor will evaluate compliance with specifications in Part 4 via scheduled and unannounced audits
- SOC 2** - Requires submission of current SOC 2 report. Applicant must also be able to show that their policies and procedures have language addressing the issues outlined in Part 4 of this application. *(Please note: Part 4 and Part 7 do not need to be completed for application submission.)*
- ISO 27001** - Requires submission of current ISO 27001 report. Applicant must also be able to show that their policies and procedures have language addressing the issues outlined in Part 4 of this application. *(Please note: Part 4 and Part 7 do not need to be completed for application submission.)*

**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 Part must be consistent with the required Access Individuals and Service Vehicles lists in Part 7.*

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

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

Service Vehicle Count: \_\_\_\_\_  N/A

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*): \_\_\_\_\_

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 RIM services offered at this location:

- Paper Records Storage       Imaging/ Digitization       Media Vault Storage

## Part 4.) REQUIRED PRISM PRIVACY+ SPECIFICATIONS

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

*Some specifications referenced below are followed by questions that must be completed under the i-SIGMA Audit Regime as part of the application submission. Those using the SOC 2 or ISO 27001 Audit Regimes do not need to complete Part 4 for application submission.*

### SECTION 1: SPECIFICATIONS APPLICABLE TO ALL PRISM PRIVACY+ 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.

If Option 3, 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)

DPO Officer Name \_\_\_\_\_ Email: \_\_\_\_\_

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

ICCO Officer Name \_\_\_\_\_ Email: \_\_\_\_\_

**SECTION 2: SPECIFICATIONS APPLICABLE TO FACILITY-BASED PRISM PRIVACY+ 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 3: ADDITIONAL SPECIFICATIONS APPLICABLE TO PRISM PRIVACY+ CERTIFICATION OPERATIONS**

- 3.2 THIRD-PARTY NETWORK SECURITY VERIFICATION
- 3.3 MEDIA VAULT ACCESS CONTROL
- 3.4 MEDIA VAULT ENVIRONMENTAL CONTROL MONITORING
- 3.5 FINAL DISPOSITION

Select one:

Final destruction is provided by

- Option #1:** In-House by Applicant
- Option #2:** Outsourced to Service Provider

*If final destruction is outsourced, a NAID AAA Certified service provider holding an Endorsement appropriate to the media being destroyed is required.*

*Please provide names of the organizations holding the appropriate NAID AAA Certifications that are contracted to perform destruction of any and all disposed Data Controller information and media.*

**Organization 1 Name** \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

NAID AAA Endorsement(s): \_\_\_\_\_

Type of Media Destroyed \_\_\_\_\_

**Organization 2 Name** \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

NAID AAA Endorsement(s): \_\_\_\_\_

Type of Media Destroyed \_\_\_\_\_

**3.7 (P) PROFESSIONAL LIABILITY COVERAGE**



## Section 7 Addendum: Additional Specification Related to the PRISM Privacy+ Imaging/Digitization Endorsement

This is an addendum to the Full PRISM Privacy+ Application and cannot be submitted without it. To achieve the PRISM Privacy+ Certification Imaging/Digitization Endorsement the Applicant must also verify compliance with Section 7 of the i-SIGMA Certification Specifications Reference Manual.

Company Name: \_\_\_\_\_ Audit Contact: \_\_\_\_\_  
Physical Address: \_\_\_\_\_ Unit/Ste: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

## SECTION 7: ADDITIONAL SPECIFICATION RELATED TO THE PRISM PRIVACY+ IMAGING/DIGITIZATION ENDORSEMENT

Specification details and audit methodology are provided in the [i-SIGMA Certification Specifications Reference Manual available free of charge on the i-SIGMA website.](#)

- 7.1 EQUIPMENT OPERATION/MAINTENANCE
- 7.2 MANAGEMENT REVIEW OF COMPLETION/DELIVERY READINESS
- 7.3 IMAGING/DIGITIZATION: EMPLOYEE TRAINING
- 7.4 WORKSTATION ACCESS CONTROL
- 7.5 IDENTITY ACCESS MANAGEMENT
- 7.6 DEMONSTRABLE CHAIN OF CUSTODY
- 7.7 RECORDATION OF IMAGES
- 7.8 PROCESS ACCOUNTABILITY
- 7.9 ENCRYPTION OF STORED/RETAINED IMAGES
- 7.10 PROHIBITION ON DISSEMINATION
- 7.11 EFFECTIVE, REDUNDANT IMAGE CAPTURE
- 7.12 IMAGE TRANSFER
- 7.13 DOCUMENTING FINAL DISPOSITION
- 7.14 FINAL DISPOSITION OPTIONS

### AGREEMENT

By signing below, I represent that I have the authority as an agent of the firm applying for PRISM Privacy+ & 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.) AGREEMENT

Sign the appropriate agreement for your company based upon your selection in Part 1:

**i-SIGMA Audit Regime**

By signing below, I represent that I have the authority as an agent of the firm applying for PRISM Privacy+ Certification to affirm it meets all requirements of PRISM Privacy+ Certification 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.

**SOC 2 Audit Regime**

By signing below, I represent that I have the authority as an agent of the firm applying for PRISM Privacy+ Certification to affirm its policies and procedures fulfill the intentions of PRISM Privacy+ Certification as outlined in the i-SIGMA Certification Specifications Reference Manual, and in choosing the SOC 2 Audit Regime agree to ongoing scheduled audits to verify compliance to SOC 2 and agree to abide by the Terms and Conditions as stipulated in the i-SIGMA Certification Specifications Reference Manual.

**ISO 27001 Audit Regime**

By signing below, I represent that I have the authority as an agent of the firm applying for PRISM Privacy+ Certification to affirm its policies and procedures fulfill the intentions of PRISM Privacy+ Certification as outlined in the i-SIGMA Certification Specifications Reference Manual, and in choosing the ISO 27001 Audit Regime agree to ongoing scheduled audits to verify compliance to ISO 27001 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 6.) PAYMENT *(in USD)*

### ANNUAL PRISM Privacy+ CERTIFICATION FEES

- Fees must be submitted with the application.
- Fees are per location (One application per location).
- Fees include all scheduled and unannounced audits when choosing the i-SIGMA Audit Regime.
- Applicant is responsible for all expenses associated with SOC 2 or ISO 27001 when choosing that audit path.
- Multi-location Certification Program participants should contact i-SIGMA for assistance in calculating fees..

### United States & Canada Fees

#### UNITED STATES & CANADA

- Using i-SIGMA Audit Regime.....\$1,310
- Using SOC 2/ISO 27001 Verification.....\$894  
*(Requires audit confirmation report)*

#### OUTSIDE UNITED STATES & CANADA

- Using i-SIGMA Audit Regime.....\$2,336
- Using SOC 2/ISO 27001 Verification.....\$797  
*(Requires audit confirmation report)*

### 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 7.) ADDITIONAL REQUIRED FORMS

*Those using the SOC 2 or ISO 27001 Audit Regimes do not need to complete Part 7 for application submission.*

- 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. **Imaging/Digitization** (must meet specs listed in Addendum should be submitted with the application.)
  2. **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.
  3. **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											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											

# NAID AAA and PRISM Privacy+ Access Employee Training Program Order Form and Licensing Agreement

## Pertains to Certification Spec 1.12 Option #1

Please Note: The NAID and PRISM Privacy+ Access Employee Training Program is only available to Members



Company Name: \_\_\_\_\_ Individual: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Will the NAID and PRISM International Access Employee Training Program be utilized at multiple locations?  No  Yes

If yes, please provide the city and state of the other locations that will be utilizing this program (must be the same company):

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

NAID and PRISM International Access Employee Training Program  \$79.95

This one-time fee grants the NAID and PRISM International Member company (Licensee) rights to use the NAID and PRISM Access Employee Training Program (Program), including training video, test, test key, and forms to document successful completion of training by Access Employees to fulfil the requirements for access employee training according to Section 2.1g of the NAID AAA / PRISM Privacy+ Certification Application. Upon processing of payment, a web link to download the training materials will be sent to the email address provided above.

By initialing the following statements, it is agreed and understood the following stipulations are a legally binding condition of NAID and PRISM International Access Employee Training Program and Video (Program) use:

\_\_\_\_\_ The NAID and PRISM International Access Employee Training Program and Video (Program) continues to be the intellectual property of i-SIGMA in perpetuity, incorporating all rights and privileges afforded such ownership.

\_\_\_\_\_ The Member licensing the use of the Program may not reproduce or copy it, in whole or part, in any manner, including written transcripts or excerpts. Licensees are permitted to electronically copy the Program to a computer hard drive with the understanding that the Licensee has the capability and legal responsibility to prevent unauthorized access at all times.

\_\_\_\_\_ The Member may not post the video, in whole or part, to a publicly accessible website or intranet.

\_\_\_\_\_ The Member may not allow access to, or allow use by, any other company, entity, agency or individual.

\_\_\_\_\_ The Member understands the violation of any provisions herein, or a violation of i-SIGMA's copyright, and or any effort to circumvent, mitigate, eliminate or prevent i-SIGMA's ability to control the distribution of the Video or images from the Video, as determined by i-SIGMA, may mean revocation of license, sanctions by i-SIGMA including loss of membership or certification, and civil or criminal remedies as i-SIGMA may determine appropriate.

\_\_\_\_\_ Only Members with a copy of this license agreement, which will be stored at i-SIGMA Headquarters, may use the Program to fulfil the requirements for Access Employee training according to Section 2.1g of the NAID and PRISM Privacy+ Certification application.

\_\_\_\_\_ NAID and PRISM Privacy+ Certification allows for the use of third party or in-house resources for Access Employee training, subject to i-SIGMA approval, and the use of the Program to fulfil the NAID and PRISM Privacy+ Certification requirement for access employee training according to Section 2.1g of the NAID and PRISM Privacy+ Certification application is the sole discretion of the Member.

\_\_\_\_\_ Updated versions of the Program are not necessarily included in this licensing agreement fee and may need to be licensed separately as they become available.

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

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

i-SIGMA Use Only			
Member#:	Received:	Shipped:	Completed by:

# NAID AAA and PRISM Privacy+ Access Employee Training Program Payment Form

Company Name: \_\_\_\_\_ Individual: \_\_\_\_\_

Street Address (required) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

---

**TOTAL REMITTANCE:** USD \$ \_

**Payment is by:**

Enclosed Check (Payable to "i-SIGMA") Check  
 No.: \_\_\_\_\_

AmEx  Discover  MasterCard  Visa# ----- \_\_\_\_\_

Expires (mo/yr): \_\_\_\_ / \_\_\_\_ CVV code: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

# 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](mailto: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)