

Annual Application for PRISM Privacy+ Certification & 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: _____ N/A

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): _____

Please indicate the RIM services offered at this location (Select all that apply):

Paper Records Storage

Imaging/Digitization

Media Vault Storage

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

- Facility-Based Mobile/Onsite

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

- Paper Micro Media Non-Paper Media (Optical Media)
 Hard Drives Solid-State Devices Product Destruction

Part 4.) REQUIRED PRISM PRIVACY+ & 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 & 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 with application.*)

- 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 REQUIRED

1.24 RESPONSIBLE CARE DURING CUSTODY

1.25 PERSONAL PHOTOGRAPHIC/ELECTRONIC EQUIPMENT POLICY REQUIREMENT

1.26 VEHICLE SECURITY

1.27 DESIGNATION OF DATA PROTECTION OFFICER(DPO):

Name: _____ Email: _____

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

Name: _____ Email: _____

SECTION 2: SPECIFICATIONS APPLICABLE TO FACILITY- BASED NAID AAA & 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

- 3.1 [Replaced by 1.25 in Nov. '20 Version]
- 3.2 THIRD-PARTY NETWORK SECURITY VERIFICATION.
- 3.3 MEDIA VAULT ACCESS CONTROL
- 3.4 MEDIA VAULT ENVIRONMENTAL CONTROL MONITORING
- 3.5 FINAL DISPOSITION

As the Applicant is applying for NAID AAA Certification, Option #1 In-House Applicant is automatic.

Final destruction is provided by: **Option #1:** In-House by Applicant

- 3.6(P) [Replaced by 1.26 in Nov. '20 Version]
- 3.7(P) PROFESSIONAL LIABILITY COVERAGE

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 Mobile/Onsite 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 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

Applicable Not Applicable

4.20 QUALITY CONTROL MONITORING OF DESTRUCTION PROCESS

4.21 RESPONSIBLE DISPOSAL REQUIREMENT

4.23 ON PREMISES DESTRUCTION REQUIREMENT *(NAID AAA – Mobile/On site Service Platform Only)*

4.24 (N) GENERAL LIABILITY COVERAGE *(Additional to 3.7(P))*

SIGNED: _____ DATE: _____

PRINT NAME: _____ TITLE _____



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.) PAYMENT (in USD)

ANNUAL CERTIFICATION FEES

- Fees must be submitted with the application.
- Fees are per location (One application per location).
- Fees include all scheduled and unannounced audits under the i-SIGMA Audit Regime; these fees are calculated with a 25% price savings assuming PRISM Privacy+ and NAID AAA Certification audits can be conducted simultaneously. Should this not be possible, an additional fee may apply.
- Multi-location Certification Program participants should contact i-SIGMA for assistance in calculating fees.

UNITED STATES & CANADA FEES

PRISM Privacy+ & NAID AAA Facility-Based or Mobile/Onsite _____ \$1,956

PRISM Privacy+ & NAID AAA Facility-Based and Mobile/Onsite _____ \$2,074

OUTSIDE UNITED STATES & CANADA FEES

PRISM Privacy+ & NAID AAA Facility-Based or Mobile/Onsite _____ \$3,526

PRISM Privacy+ & NAID AAA Facility-Based and Mobile/Onsite _____ \$3,700

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											
4											
5											
6											
7											
8											
9											
10											
11											
12											
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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: _____

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