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Declaration of Intent for AMC Institute Accreditation

Date

Company Name

Accreditation Contact Name

Address

Email

Website

City

Province/State

Country

Postal Code

Phone

Our company has prepared the accreditation materials and we are ready to submit them to the independent Reviewer for review.

Enclosed please find our executed:

- Licensing Agreement (Form #1003)
- Reviewer's Commitment Form (Form #1005)
- Fee Schedule Form #1006
- AICPA Release of Information Form
- Payment information below for accreditation fees

I understand that I will be notified when my selected Reviewer is approved. Once approval is given, my company may proceed with our Review.

Payment Information
(use drop down box)

Security Code

Credit Card #

Expiration Date

Signature (Authorizes your card to be charged)

Date