



**NAPS ACCREDITED FIRM  
APPLICATION**

**FIRM NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**TELEPHONE:** \_\_\_\_\_

**FAX:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_

I have read and understand the NAPS Accredited Firm program rules and I commit that our firm will use its best efforts to meet the objectives set forth therein. We will complete the attached Compliance Report prior to the expiration of 12 months from the date of this application. I understand that if we do not meet the goals set forth in the Program Rules, we shall cease use of the Accredited Firm designation, and may not re-apply for two years.

Fee enclosed (\$1,500 for NAPS members, \$2,500 for non-members):

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

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

Please send signed application and fee to:

**National Association of Personnel Services**  
78 Dawson Village Way  
Suite 410-201  
Dawsonville, GA 30534

Phone: 844-NAPS-360  
info@naps360.org

