



**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

