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Declaration of Intent for AMC Institute Accreditation Form

Date _____

Company Name _____

Accreditation Contact Person _____

Address _____

City _____ Province/State _____

Postal Code _____ Country _____

Phone _____ Fax _____

Email _____ Website _____

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)
- Appropriate fee to cover our 1st Year Accreditation Payment (See Fee Schedule Form #1006).

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

Payment Information: Check Visa MasterCard American Express

Credit Card # _____ Expiration Date _____

_____ Total \$ _____

Signature authorizes charge to your card

Mail to AMC Institute at the address above or Fax to 215-963-9785