



Accreditation Application Form

Date _____ Property full name _____

Capacity/Number of beds _____ Proof of payment receipt number _____

Contact Information

Home Phone _____ Cell Phone _____ Email Address _____

Address _____

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City _____ Area (location) _____ ZIP Code _____

Company name _____

Company's contact person _____ Name of Property's owner _____

CK/Company Registration number _____ Liability Cover/Insurance _____

Security Company used _____





Please take note that the success of your accreditation request will be based on the availability of the following documents.

Mark with x in the box to indicate whether these are available.

COMPLIANCE ITEM	Mark with X	
1. Municipality approved building plan	<input type="checkbox"/>	<input type="checkbox"/>
2. Certificate of completion	<input type="checkbox"/>	<input type="checkbox"/>
3. Certificate of Compliance	<input type="checkbox"/>	<input type="checkbox"/>
4. Certificate of Occupancy	<input type="checkbox"/>	<input type="checkbox"/>
5. Occupational Health and Safety (OHS) legal Compliance	<input type="checkbox"/>	<input type="checkbox"/>
6. Proof of the Liability cover	<input type="checkbox"/>	<input type="checkbox"/>
7. Proof of security accreditation	<input type="checkbox"/>	<input type="checkbox"/>

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Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature:	<input type="text"/>	Date:	<input type="text"/>
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