



International Association for Property and Evidence, Inc.®

IAPE Property and Evidence Room Accreditation Program® Application



IAPE Property and Evidence Room Accreditation Program®

27512 S.E. 28th Court Sammamish, WA 98075

For questions, please call (425) 985-7338 or email scampbell@iape.org

Name of Agency:			
Street Address:			
City / State:	City/town:		State:
Zip Code:	Zip code:		
Agency Contact:	First name:		Last name:
Phone Number:	Area code:	Number:	
Email Address:			

Does your Department have at least 1 current IAPE member? (Required)	If Yes , please check box at right:	<input type="checkbox"/>	If not a member of IAPE, please call IAPE directly at (800) 449-4273 to apply
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Has at least one of your employees attended an IAPE class in person or on-line in the last 3 years? (Required)	If Yes , check box at right:	<input type="checkbox"/>	To attend an IAPE class in person or on-line, please call IAPE directly at: (800) 449-4273 to apply
If yes, please state the last attendee's name and the dates he/she attended:	First Name:		Last Name:
	Class Dates:		

Non-refundable application fee of \$500.00 is due at time of application	Please make payment by credit card or check. Make check payable to IAPE . Please mail check to: P.O. Box 652 Hot Springs, SD 57747 IAPE Tax Information Number (TIN) is: 88-0296739	Please write check # in the box at right:	
Include email address in the box at right to request an IAPE Invoice			
At right, please indicate Visa, MasterCard, Discover Card or American Express		Expiration Date	
Name on card		3 Digit Security Code on Back	
Credit Card #			

By signing below, you and your agency agree to the "IAPE Guidelines for Achieving and Maintaining IAPE Property and Evidence Room Accreditation®"

Signature		Date	
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