



IAPE PROPERTY AND EVIDENCE ROOM ACCREDITATION PROGRAM ©

APPLICATION

IAPE Property and Evidence Room Accreditation Program ©

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

Name of Agency _____

Address of Agency _____

Street

City

State / Zip

Agency Contact _____ Phone (____) _____

First Name

Last Name

E-Mail Address _____

Does your department have at least 1 current IAPE member? **(Required)** Yes No

If NOT, please call IAPE directly at (800) 449-4273 to apply.

Has at least 1 employee attended an IAPE class in person or on-line in the last 3 years? **(Required)** Yes No

If YES, please list employee's name and dates he/she attended:

Employee _____ Class Dates: _____

First Name

Last Name

If NOT, please call IAPE directly at (800) 449-4273 to register for a class.

Non-refundable Application Fee of \$500. is due at time of application.

Enclosed is Check # _____ made payable to IAPE. Tax Identification Number (TIN) is: 88-0296739

Mail to: IAPE, 7474 N. Figueroa St, Suite #125, Los Angeles, CA 90041

Charge to Credit Card # _____ Exp. Date: _____

VISA Mastercard Discover Card American Express

Month & Year

Name on Card _____ 3-Digit Security Code: _____

First Name

Last Name

(back of card)

Authorized Signature on Card: _____

Please include e-mail address to request an IAPE Invoice: _____

NOTE: All payments for IAPE Accreditation are due upon receipt of invoice.

Payments received by IAPE after 30 days from receipt of invoice by agency will incur an additional 10% fee.

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

Signature: _____ Date: _____