| CFAI Agency Application and information form |
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| Application Type (check one): [ ]  Registered [ ]  Applicant [ ]  Re-Accreditation [ ]  Information Update |
| Organizations Official Name: Click or tap here to enter text. |
| Address: Click or tap here to enter text. |
| City: Click or tap here to enter text. | State: Click or tap here to enter text. | ZIP Code: Click or tap here to enter text. |
| Agency Head Information (AH) |
| First Name: Click or tap here to enter text. Last Name: Click or tap here to enter text. Title:  |
| Address (if different from above): Click or tap here to enter text. |
| Work Phone: Click or tap here to enter text. | Mobile Phone: Click or tap here to enter text. |
| Work Email: Choose an item. |
| Personal Email: Click or tap here to enter text. |
| accreditation manager information (am) |
| First Name: Same Last Name: Click or tap here to enter text. Title: Click or tap here to enter text.  |
| Address (if different from above): Click or tap here to enter text. |
| Work Phone: Click or tap here to enter text.  | Mobile Phone:Click or tap here to enter text. |
| Work Email: Click or tap here to enter text. |
| Personal Email: Click or tap here to enter text. |
| Billing Information |
| Billing Contact Name (if different from AH): Click or tap here to enter text. |
| Phone: Click or tap here to enter text. | Email: Click or tap here to enter text. |
| demographics |
| Department Type: Choose an item.  | Federal Affiliation: Choose an item. | Governance Type: Choose an item. |
| Annual Budget: Click or tap here to enter text. | ISO Major Class: Choose an item. | ISO Subclass: Choose an item. |
| Total Uniformed Personnel:Click or tap here to enter text. | Total Civilian Personnel:Click or tap here to enter text. | Total Personnel:Click or tap here to enter text. |
| Population Served: Click or tap here to enter text. | Highest Level of EMS Provided:Choose an item. |
| **Reaccrediting agencies ONLY- The agency head must acknowledge and sign this statement:**[ ]  I understand that submission of my documents must be in compliance with the latest released edition of the FESSAM. |
| Signature: | Date: Click or tap to enter a date. |