| CFAI Agency Application and information form | | |
| --- | --- | --- |
| 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: 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. | | |
| accreditation manager information (am) | | |
| First Name: Click or tap here to enter text. 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. |