



IQ Certification Program

Application for Certification

Date: _____

Are you applying for Recertification? Yes No

What are you applying for?

Monitoring Installation Both

Contact Information

| | | |
|--|-----------------|------------------|
| Name of Business/Legal Corporate Name: | | |
| Owner(s)/Proprietor(s)/CEO/Other: | | |
| Street Address (for each location; attach an additional sheet if necessary): | | |
| | | |
| City: | State/Province: | Zip/Postal Code: |
| Phone Number: | Fax Number: | |
| Email Address: | Website: | |

IQ Compliance Information

| | |
|--|---------------|
| Compliance Officer: | Phone Number: |
| Email Address: | |
| List the names and titles of the people on the Quality Control Team: | |
| | |
| | |

IQ Monitoring Company Information

| | | |
|---|-----------------|------------------|
| Name of IQ Certified monitoring company or companies (if more than one attach information): | | |
| Point of Contact and title of position: | | |
| Street Address: | | |
| City: | State/Province: | Zip/Postal Code: |
| Phone Number: | Fax Number: | |

Business Information

| |
|---|
| Are you a licensed business entity for all jurisdictions for which you do business and where licenses are required? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| License Numbers (if applicable): Attach Copy of License(s) for all areas you are applying for |

If you answer yes to any of the following four (4) questions, the IQ Certification Committee will contact you:

1. Are there any past or pending license revocation actions: Yes No
2. Are any members of your organization under indictment at this time? Yes No
3. Are there any outstanding unpaid judgments against your company? Yes No
4. To the best of your knowledge, has any member of your organization ever been convicted of a felony or crime of moral turpitude? Yes No

Do you have insurance for:

| | | |
|----------------------|------------------------------|---|
| Liability | <input type="checkbox"/> Yes | <input type="checkbox"/> No, (if Yes, Company?) _____ |
| Completed Operations | <input type="checkbox"/> Yes | <input type="checkbox"/> No, (if Yes, Company?) _____ |
| Errors & Omissions | <input type="checkbox"/> Yes | <input type="checkbox"/> No, (if Yes, Company?) _____ |

Attachments

Include along with this signed and completed application, copies of each:

- Signed copy of Compliance Officer Certification Form signed by the IQ Compliance Officer and the Company CEO
- Copy of signed insurance certificate
- Signed copy of the IQ guidelines signed by the IQ Compliance Officer and the Company CEO
- Copy of a written company policy that requires IQ Certification compliance by all employees. Needs to be signed by IQ Compliance Officer named above, and the company CEO

Affiliations

Are you a member of The Monitoring Association (TMA - formerly known as CSAA)? Yes No

If not, would you like information on joining? Yes No

What other associations, if any, are you a member of? _____

Signatures

IMPORTANT: The IQ Certification Committee, in performing functions in accordance with their objectives, do not assume or undertake to discharge any responsibility of the installing or monitoring company or any other party. The opinions and findings of the IQ Certification Committee and TMA represent its professional judgment given with due consideration to the necessary limitations of practical operation and state of the art at the time the IQ Certification Guidelines are approved. The IQ Certification Committee and TMA shall not be responsible to anyone for the use or reliance upon this program for any reason. The IQ Certification Committee and TMA shall not incur any obligation or liability for damages (except as set forth below), including consequential damages, arising out of or in connection with the use, interpretation of or reliance upon this program. In the event of any loss or claim whether for a breach of this agreement, negligence or otherwise, to you or anyone in your company, you agree that our liability shall be limited to \$250. This shall be your only remedy regardless of what legal theory you claim, whether negligence, breach of contract, breach of warranty, product liability or gross negligence. You agree to indemnify, defend, and hold harmless TMA from and against any loss, cost, or damage of any kind, to the extent arising out of your own negligence or willful misconduct while participating in the Program.

You may obtain a higher limitation of liability amount for an additional annual (monthly) charge. If you are interested in increasing the higher limitation of liability, please contact us and we will provide you with a schedule, but keep in mind we are not an insurer. I hereby certify that the answers and any other information on this application and attachments are true and correct. I understand that, if accepted, any misrepresentation or omission of facts on my part will be justification for revoking my company's certification.

Return this completed application with appropriate materials to:

The Installation Quality Certification Program

7918 Jones Branch Drive, Suite 510
McLean, VA 22102
Phone: 703-660-4617
Email: iqprogram@tma.us