



APPLICATION FORM FOR CAAP ACCREDITATION

COMPANY INFORMATION

COMPANY NAME AND ADDRESS (as you wish it to appear on the CAAP Web site).

1. Company Name: _____

2. Street Address: Mailing Address:

3. Billing Address (if different):

4. Accounts Payable Contact:

Name:
Fax:
Does your company utilize Purchase Orders? (Yes/ No)
Phone:
Email:

5. Company Description and History

6. How many years has the company been in business ____

7. What are the current audit and assessment services currently provided by the company?

8. Is this application for the main company headquarters (HQ)? or a branch? _____



9. Under the CAAP, a company needs to be able to support the structure, rigor, responsibility and management of an auditing/assessment firm; this is different than the technical knowledge and skillset that would be required for individuals.

Please provide a list of applicable areas for which your company is an assessment firm of or has assessed to e.g. FISMA, FedRAMP, PCI-DSS and SOC 2/SOC 3.

10. Number of personnel at this location that will assess under the CAAP _____
11. Names of these personnel that will be assigned, contact information and professional certifications held. Please provide their information on the attached page.



12. Month/year when the subject would be ready to undergo the on-site witness assessment.

Authorized representative of the CAAP assessment firm who is the contact person responsible for the information provided in this application and for ensuring compliance with the requirements for CAAP accreditation. This should be an officer of the company authorized to do so.

Signature _____

Printed Name _____

Title _____ Telephone Number _____

Date _____ Fax Number _____

Email Address _____

* Web Site** _____

* Updates to CAAP accreditation requirements will be transmitted to qualified and accredited companies via email, whenever possible.

** Please indicate if you do not wish your website to be included as a link on the CAAP website.

The application should be addressed to the CAAPOB and should be sent to the following e-mail address:

CAAPOB@hispi.org

*****BELOW THIS LINE FOR CAAPOB OFFICE USE ONLY*****

Assessment Firm ID: _____ ASSESSMENT NO.: _____

CAAPOB member contact: _____

Scheduled Date of Assessment: mm/dd/yyyy _____

Location of witness audit: _____

Company Name: _____

Address: (Street address, City, State, Zip)

Phone Number: _____

Contact Name: _____

Assigned HISPI Assessor: _____