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Declaration of Intent for AMC Institute Accreditation Form

Date: _____

Company Name: _____

Accreditation Contact Name: _____

Address: _____

City: _____ Province/State: _____ Postal Code: _____

Country: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Our company has prepared the accreditation materials and we are ready to submit them to the independent Reviewer for review.

- Enclosed please find our executed:
- Licensing Agreement - Form #1003
- Reviewer's Commitment Form - Form #1005
- Appropriate fee to cover our 1st Year Accreditation Payment (See fee schedule Form #1006).
- AICPA Release of Information Form
- Reviewers most recent Peer Review (must be within the last 3 years)
- Executed Form #1006
- Page 1 of Form #1007

I understand that I will be notified when my selected Reviewer is approved. Once approval is given, my company may proceed with our Review.

Payment Information: Check ___ Visa ___ MC ___ AMEX ___ Security Code: _____

Credit Card #: _____ Expiration Date: _____

Signature (Authorizes your card to be charged)

Date: