

**APCO Project 33 Training Program Certification
Public Safety Telecommunicator 2010
Check Payment form**

Please use this form if paying for your APCO Project 33 Training Program Certification application by **check**. If you would like to pay by credit card, go to www.apcointl.org and click on "My APCO Account" or access by [clicking here](#). If you need assistance processing payment, please call 386-944-2422.

Access to the P33 Training Program Certification online application is valid for three years from payment process date. However, if application is submitted and certification denied and/or depending on the date the online application is submitted, additional fees may be required. The application fee is non-refundable and non-transferrable. Please read the APCO P33 Training Program Certification Agency Application Guide prior to submitting payment.

To access the online application, use the email and password designated in the APCO Database for the agency point of contact (POC) listed below. Once the POC logs in, the system will verify the subscription status. Remember, the status will only be active after payment has been processed. For questions regarding the online certification program application, please email P33@apcointl.org.

This form can be typed directly within each field or printed and handwritten, either option the form must be mailed with payment to the address below. The subscription cannot be processed unless all of the below fields are completed. To keep a copy of this document, please use "Save As" and save to your computer.

Contact Information

Agency Point of Contact (POC) Name:

POC Title:

Agency Name Applying for Certification:

Agency Address:

City:

State:

Zip:

POC Email:

POC Phone:

Fax:

Type of Application: Initial certification recertification reapply for initial certification

Application Fee for the Agency Training Certification Program: \$500.00

APCO Membership Number:

payment submitted:

Check number:

Mail completed application with payment to: APCO International Accounting Department
351 North Williamson Blvd. • Daytona Beach, FL 32114
Or Fax to 386.322.2501 (attn: Accounting)

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Accounting Use Only: Date payment received _____ Date payment processed _____ CC9S notified _____