



Form #1002  
Updated: 1/2022

107 S. West Street, Suite 481 | Alexandria, VA 22314  
P.703-570-8954 | E. [accreditation@amcinstitute.org](mailto:accreditation@amcinstitute.org) | W. [www.amcinstitute.org](http://www.amcinstitute.org)

## 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
- 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
- Appropriate fee to cover our 1st Year Accreditation Payment (See fee schedule Form #1006).

**Note:** The AMC Institute will invoice your AMC upon submission of this form.

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

Signature

Date