



NAID Audit Report Request Form

Authorized representatives for NAID Certified organizations may use this form to request of a copy of their NAID Certification audit report (Audit Report) and/or to authorize NAID to provide a copy of their Audit Report directly to the individuals indicated below, as a one-time request or on a subscription basis.

Company Name: _____ Individual: _____

Street Address: _____

City: _____ State: _____ Postal Code: _____ Country: _____

Phone: _____ Fax: _____ Email: _____

Recipient(s)/Subscribers (attach additional sheets if necessary):

Company Name:	Email Address:	Report Type:	Request Type (Check One)*:
		<input type="checkbox"/> Scheduled <input type="checkbox"/> Unannounced	<input type="checkbox"/> One Time <input type="checkbox"/> Recurring
		<input type="checkbox"/> Scheduled <input type="checkbox"/> Unannounced	<input type="checkbox"/> One Time <input type="checkbox"/> Recurring
		<input type="checkbox"/> Scheduled <input type="checkbox"/> Unannounced	<input type="checkbox"/> One Time <input type="checkbox"/> Recurring
		<input type="checkbox"/> Scheduled <input type="checkbox"/> Unannounced	<input type="checkbox"/> One Time <input type="checkbox"/> Recurring

*If "One Time" is selected, NAID will send a copy of the latest Audit Report to the indicated email address; no future Audit Reports will be sent. If "Recurring" is selected, NAID will send a copy of the latest Audit Report to the indicated email address, as well as subscribe the email address to receive a copy of all future Audit Reports for the Certified Member submitting this request.

By initialing the following statements it is agreed and understood the following stipulations are legally binding:

_____ NAID Certification Audit reports (Audit Report(s)) are delivered via email only to the email address(es) indicated above.

_____ Customer(s) subscribed to receive all of the Member's future Audit Report(s) on a recurring basis are automatically enrolled in the NAID Customer Notification Program, in which the customer(s) will receive an email informing them of any changes to the Member's certification status, such as certification renewal, removal of certification, or changes in certified operations.

_____ Removal or lapse of certification will cancel any and all Audit Report subscriptions. The Member will be required to re-enroll if they become certified again in the future.

_____ The Member understands and agrees that subscription(s) referenced herein will remain in effect in perpetuity, unless certification is removed or NAID is notified of changes in writing by the Member.

_____ The Member is responsible for notifying NAID in writing of any changes to the information on this form, including but not limited to updates to email addresses or other contact information, or cancellation of the subscription(s).

_____ The Member understands that failure to notify NAID in writing of updates to the information included on this form may result in the inability of NAID to provide the Audit Report(s) to subscribers. NAID is not responsible for ensuring that the contact information and email addresses contained herein are correct.

_____ Indications of the signatory's initials above and the signature below acknowledge that I am an owner, corporate officer or official representative of the Company submitting this form. The undersigned has full authority to authorize NAID to provide copies of NAID Certification Audit reports to the email addresses indicated herein.

Signed: _____ Date: _____

Print Name: _____ Title: _____

NAID Use Only			
Member#: _____	Received: ___/___/___	Conf Email: ___/___/___	Complete: ___/___/___