

Application Form Disaster Preparedness Certification Policy

Please return this application form along with the program fee of \$200 (\$300 for non-members) to APT US&C, Disaster Preparedness Program, P.O. Box 591, Tawas City, MI 48764. Enclose one (1) copy of the application form and one (1) copy of your disaster preparedness certification policy.

1. Name of government: (as it will appear on your plaque)

Mailing Address: _____

2. Population of governmental jurisdiction: _____
3. Is the Government Agency a member of APT US & C? YES _____ NO _____
4. Name of Finance Official responsible for finance operations disaster policy:
_____ Title: _____
5. Has your policy been adopted by the appropriate legislative body?
Yes _____ NO _____ NOT YET (but will be upon approval) _____
6. Name of person requesting Disaster Preparedness Review?

Name: _____

Title: _____

Address: _____

Telephone Number: _____ Fax Number: _____

Email Address: _____

7. In addition to the person requesting the review (item 6), who should the formal announcement of the awarding of the **Disaster Minimization Policy** be addressed:

Name: _____

Title: _____

Address: _____

8. Have you enclosed five copies of the following documents?

Application Form

Disaster Minimization Policy

9. Date Submitted: _____

10. Our review of your disaster minimization policy is limited to the documentation submitted. This Certification if approved, recognizes that the recipient currently has policies in place that are consistent with sound disaster preparedness practices. However, the existence of such policies does not fully insulate the recipient from the many possible disasters currently recognized, nor from situations that may develop in the future. Governments are welcome to submit their disaster policies on an annual basis. However, the Disaster Minimization Committee recommends that a certified government submit its disaster policy once every five years or sooner if major revisions are made to the existing policy.

APT US&C use only:

Date Received _____ Reviewers _____

Check # _____

Amount _____

Date Sent for Review _____ Result/Date _____