



NGA Auto Glass Business Accreditation Application and Self Assessment

Complete the information below and answer all questions on the following pages. This application for accreditation is an opportunity for you to assess your business as it relates to the NGA Business Accreditation Program. All information will be held in strictest confidence by the NGA Accreditation staff. Return this and all the requested attachments to:

NGA Business Accreditation Program
8200 Greensboro Drive, Ste. 302
McLean, VA 22102

Date: _____

Application Fee: \$100

Each Multiple Location Fee: \$50

Reapplication Fee: \$30

Corporate Information

Business Name: _____
Number of Years in Business: _____
Federal Tax ID Number (TIN): _____
Business License Type and Number: _____
Contact: _____
Address: _____
City, State, Zip: _____
Phone: _____ Fax: _____ Email Address: _____
Products & Services: Automotive Glass Windshield Repair Auto & Flat Glass Other (Specify) _____
SIC/NAICS Codes (List all that apply): _____

Corporate Responsibility

Business Classification: Individual Sole Proprietorship Corporation Partnership Joint Venture
 Limited Liability Company (LLC) Other (Specify) _____
Business Size: Small Business—Gross annual sales under \$1 million
 Medium Business—Gross annual sales of \$1.1 to 3 million
 Large Business—Gross annual sales over \$3 million
Business Location Type: Office Stand Alone Warehouse Home Mobile
Business Insurance: _____
Is Certificate Attached? (Copy of Certificate required) Yes No
Insurance for Employees: Yes No Name of Carrier: _____
Type of Coverage: HMO PPO Other (Specify) _____
Insurance of Equipment: Yes No Type of Coverage: _____

Employee Information

Number of Employees: _____
Status: Full Time Part Time Contracted Seasonal

Number of Employee's by Job Title

Office/Retail/Sales:	Owner _____	General Manager _____
	Service Manager _____	Salesperson _____
	Store Manager _____	Assistant Manager _____
	Customer Service _____	
Technicians:	Auto Glass Technician _____	Repair Technicians _____

Safety Program

A comprehensive OSHA/Insurance Company or recognized safety program is required for accreditation. Proof of this program can consist of a copy of your latest OSHA safety program inspection report.
Is a Copy of OSHA Attached? Yes No

NGA Technician Certification

Verification of Skills and Credentials: **Please attach a list of names of NGA Certified Technicians and certification expirations.**

Number of Technicians with NGA Certification: _____

Type of Certification: Automotive Glass Technician Automotive Glass Master
 Windshield Repair Technician Other (Specify) _____

On-Site Inspection

The purpose of the on-site inspection is to evaluate the overall working conditions of the business and to confirm that the company meets the criteria. The inspection can be performed by utilizing your insurance company, a private inspection company or a government agency.

Does your business have:

A physical business location and specific business type? Yes No

A designated business classification? Yes No

Appropriate state and federal business licenses? (Provide license type and number) Yes No

Proper business insurance to include general liability coverage?
(Worker's compensation, vehicles and equipment) Yes No

Is the owner or manager generally available during business hours? Yes No

Name and title of individual who can be consulted in the owner's or manager's absence:

Verification of actual inventory? Yes No

Verification of days and hours worked? Yes No

NGA Certified Technicians and verification of skills? Yes No

Verification of days and hours of operation? Yes No

NGA Certified Technicians and verification of skills? Yes No

I have completed an on-site inspection and verify that _____ has met the criteria for accreditation by the National Glass Association. (Company Name)

Signature: _____ Name (Please print): _____

Title: _____ Company: _____

Please enclose a copy of the inspector's credentials. If inspected by an insurance agent, please include a copy of agent's license.

Thank you for your interest in the Business Accreditation Program and your application. This information will be treated as strictly confidential and will ONLY be reviewed by the NGA staff assigned to processing this application. The information contained in this application WILL NOT be shared with any NGA members, committee members, etc. Only the names of those companies accredited will be released to trade journals or insurance companies. Failure to receive accreditation will not be published in any way. Applicants whom do not receive accreditation have the right to discuss their status with the NGA staff and re-apply anytime. Application fee is non-refundable.

I hereby state that the information I have provided in this application is true, complete and correct, and is made in good faith. I understand the NGA reserves the right to verify any or all of the information on this application and that any incorrect or misleading information or other actions compromising the Business Accreditation Program process may constitute grounds for denial of my application.

Signature: _____ Title: _____ Date: _____

For Office Use Only

Approved: Yes No Date: _____

NGA Staff Signature: _____ Print Name: _____

Comments: _____

Amount Received: \$ _____ Form of Payment: _____