



VEHICLE PROTECTION ASSOCIATION Certification Program Application

*The undersigned is hereby applying for participation in VPA's Certification Program.
Please complete one application per company/location/branch.*

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Website Address(es): _____

Phone: _____ Fax: _____

Please list all local facilities, if any, and their addresses: _____

Local Contact Name: _____ Location Manager: _____

Length of operation under present management/ownership: _____

Date facility opened for operation: _____ Date opened under current ownership: _____

CONTACT/SEND ALL INFORMATION REGARDING CERTIFICATION TO:

Name: _____

Address (if different than above): _____

City: _____ State: _____ Zip: _____

Email Address: _____

Phone: _____ Fax: _____

Signature (Principal/Designee) (Title) (Date)

Application must be mailed **with the \$1000 application fee (member's rate) and enclosures to:**

Destiny Wisecup
Mac Murray, Petersen & Shuster LLP
Vehicle Protection Association
6530 West Campus Oval - Suite 210
New Albany, OH 43054