Print Form

STATE OF INDIANA

DEPARTMENT OF LOCAL GOVERNMENT FINANCE

INDIANA GOVERNMENT CENTER NORTH
100 NORTH SENATE AVENUE N1058(B)
INDIANAPOLIS, IN 46204
PHONE (317) 232-3777
FAX (317) 232-8779

APPLICATION FOR SOFTWARE CERTIFICATION VALIDATION

Instructions: Fill out this form completely, and attach either a company profile or resume. The Department of Local Government Finance will review this application and issue a response within ten (10) business days from the date received at the Department's offices. Incomplete forms or forms that are not accompanied by a profile or resume will not be reviewed.

Return completed forms via e-mail to Jeff Volz, Director of Operations at jvolz@dlgf.in.gov, 317-232-8779 (fax), or by mail to: Department of Local Government Finance; 100 N. Senate Avenue, Room N1058B; Indianapolis, IN 46204.

Organization Name: _____

Principal Contact: _____

Contact Address: _____

_____

Contact Phone: _____

Briefly describe qualifications to serve as an independent tester: _____

_____

_____

_____

List three (3) professional references:

1) _____ 2) _____ 3) _____

_____ _____ _____

_____ _____ _____

Phone: _____ Phone: _____ Phone: _____