

Application Form for Accredited Training Providers



Application form for ITIL® Accredited Training Provider

To: **Accreditation Department PEOPLECERT**
 3 Korai st., 105 64 Athens, Greece
 Tel.: +30 210 372 9050, e-mail: accreditations@peoplecert.org, www.peoplecert.org

In the name of:
 Company name:
 Address:

We would like to be accredited for the following accreditation entity:

<input type="radio"/> ITIL V3 Foundation	
<input type="radio"/> ITIL Intermediates	
Service Lifecycle Modules	Service Capabilities Modules
<input type="checkbox"/> ITIL V3 SS	<input type="checkbox"/> ITIL V3 PPO
<input type="checkbox"/> ITIL V3 SD	<input type="checkbox"/> ITIL V3 SOA
<input type="checkbox"/> ITIL V3 ST	<input type="checkbox"/> ITIL V3 RCV
<input type="checkbox"/> ITIL V3 SO	<input type="checkbox"/> ITIL V3 OSA
<input type="checkbox"/> ITIL V3 CSI	
<input type="radio"/> Expert Level	
<input type="checkbox"/> Managing Across the Lifecycle	
<input type="checkbox"/> Advanced Level	
<input type="radio"/> Bridge Exams	
<input type="checkbox"/> V3 Foundation Bridge	
<input type="checkbox"/> V3 Managers Bridge	

- This application is based on the use of our own Courseware
- This application is based on a contract with the following party that owns the copyrights of the courseware:

All documentation allowing PEOPLECERT to assess the company is included:

1. The companies profile, including track record as a training provider
2. Documentation for clients (course brochures, leaflets....etc)
3. Courseware to be audited or a contract with an ATP that is contracted to use the Accredited Courseware
4. List of trainers, employed or contracted

The contact person is:

Name:	
Post Address:	
Phone number:	Email Address:
Signature:	