



**BETA TEST APPLICATION**

**SECTION 1: CONTACT INFORMATION**

Date (month, day, year)

Organization Name

Contact Name/Title

Mailing Address: Street Address

City, State/Province

Country, Postal Code

Telephone (including country code)	
Website	
Email	
Fax	

**SECTION 2: ORGANIZATION INFORMATION**

Headquarters address: Street Address

City, State/Province

Country, Postal Code

How many offices do you operate out of? (not including home offices)

Number of employees:

- 1 – 12
- 13 – 25
- 26 – 50
- 51 – 100
- More than 100

Is background screening your organization's primary source of revenue?

- Yes
- No

Is your organization currently or has it previously been a member of PBSA? Yes  
 (Membership is not required to be a Beta tester) No

List locations for all operations:

Location (City, State/Province, Country)	List Type of Work Performed and Percentage it Represents of that Work (i.e., verifications, criminal, HR, compliance, IT, sales, finance, management, security, etc.)
<b>EXAMPLE:</b> Ottawa, Ontario, Canada	<ul style="list-style-type: none"> <li>• Verifications - 100%</li> <li>• Criminal - 25%</li> <li>• IT Security - 100%</li> </ul>
Montreal, Quebec, Canada	<ul style="list-style-type: none"> <li>• HR - 100%</li> <li>• Compliance - 100%</li> <li>• Sales - 100%</li> <li>• Finance - 100%</li> <li>• Criminal - 75%</li> </ul>

Location (City, State/Province, Country)	List Type of Work Performed and Percentage it Represents of that Work (i.e., verifications, criminal, HR, compliance, IT, sales, finance, management, security, etc.)

List all locations where operations staff work from a home office. Attach a separate sheet if necessary.

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### **SECTION 3: BETA TEST INFORMATION**

Briefly tell us why your organization should be chosen as a Beta Test organization. Answer the following (please limit your responses to a maximum of 300 words):

- What resources have you committed to the Beta Testing process? (It may take considerable resources to complete all steps of the Beta Testing process.)
- How confident (expressed as a percentage) are you that your organization is in compliance and has all required documentation?
- After submitting this Beta Testing application, how many days would you need before you were ready for the auditor to complete the desk audit?

### Beta Test Fee Schedule

	PBSA Members	Non Members
Beta Accreditation (assuming desk review and one day of virtual review)	\$6,450	\$9,675
Beta Interim Surveillance Audit (3 <sup>rd</sup> year)	\$2,860	\$4,290

After initial Beta Test Accreditation, regular Accreditation fees and schedules apply. Entities that wish to remain accredited beyond five years will need to seek accreditation at the 5-Year mark.

**SECTION 4: ACKNOWLEDGEMENTS**

Please note the following important requirements. **Initial each item and sign at the bottom** to state that you understand, agree with, and are bound to the following:

	I have read, understand, and accept the BSOAP Code of Conduct for Accredited Organizations.
	I will be reviewed in a blind fashion by the BSCC as a potential Beta Test organization.
	I have read and understand the BSOAP General Accreditation Standard and understand what documentation, facilities, and equipment I will be required to have available and immediately accessible to the auditor.
	As a potential Beta Tester, I will fully complete all sections of this Application and any other requested documentation throughout the process (e.g., the Data Collection Tool and Feedback Survey) to provide feedback to PBSA and support a successful roll-out of the full Accreditation Program. I understand I am expected to measure the time involved.
	<p><b>I will complete the requirements of the Beta Test Accreditation process within the required timeframe.</b></p> <ul style="list-style-type: none"> <li>• <b>I will submit all documentation for the desk audit within 3 months of notification of acceptance as Beta Tester.</b></li> <li>• <b>I will then make myself reasonably available to complete the desk and virtual audit with the PBSA auditor over the following 2-month period.</b></li> </ul>
	<p>I will keep my organization’s involvement in the Beta Test process confidential within the Beta Test group.</p> <p>I will sign and agree to the elements of the required non-disclosure agreement. I understand the penalties for any disclosure outside the Beta Test group, by myself or anyone in my organization, include removal from the Beta Testing group, a penalty period during which my organization may not apply for accreditation, and/or denial or removal of accreditation.</p>
	I understand that the Auditor does NOT approve or deny accreditation. The Auditor’s findings will be submitted to the BSCC for determination.
	I agree to pay Beta Test fees as outlined above.
	<b>I understand that my “on-site” audit will be conducted virtually, and that I and key personnel will be required to be present in order to participate in the Beta Testing group.</b> If I have any questions about this, I will reach out to PBSA staff PRIOR to submitting my application.
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	I will hold PBSA, its agents, directors, BSCC, staff and/or Auditor harmless from any claim of damage or loss as a result of my organization’s failure to achieve accreditation.

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

## SECTION 5: CERTIFICATION

I certify that all information provided herein is true and complete to the best of my knowledge and belief.

I understand that any misrepresentation of information included on this form or in this process is grounds for revocation of the Beta application and/or Accreditation awarded.

I authorize verification of this information, and release all concerned from any liability in connection therewith.

I hereby apply for Beta Test Accreditation through BSOAP and agree to abide by the BSOAP Accredited Organization Code of Conduct.

Applicant Organization Name	
Name of Authorized Individual	
Title of Authorized Individual	
Signature of Authorized Individual	
Date (month, day, year)	

## SECTION 6: ADDITIONAL DOCUMENTS

Please ensure you complete and attach the required [Non-Disclosure Agreement](#).

## SECTION 7: INSTRUCTIONS

**Mail or email the completed application with required Non-Disclosure Agreement to:**

PBSA  
Attn: PBSA Accreditation Manager  
110 Horizon Dr  
Suite 210  
Raleigh, NC, 27615  
[accreditation@thepbsa.org](mailto:accreditation@thepbsa.org)

For questions, contact the PBSA office by phone at 919.459.8595, or email [accreditation@thepbsa.org](mailto:accreditation@thepbsa.org)