



KCS Verified v4 Application Form

1. Company Name			
2. KCS Verified v4 Product(s)			
Product(s) Name	Release Number	Release Date	Are you certifying this product as (a) a standalone knowledge management tool designed to be integrated with other case / incident tracking tools, (b) an integrated knowledge management / case or incident management tool, or (c) both?
2. Incident Management System used to demo the KCS Verified v4 criteria			

Select all the items you would like to purchase		
	KCS v4 Verification	\$6000
	KCS v3-v4 Bridge Course - Vendor Scheduled	\$800
	KCS v4 Verification online coaching	\$3000

We acknowledge and agree to the steps required to become KCS Verified v4 as outlined in the KCS Verified v4 Standards Guide and License Agreement

Please invoice us for \$_____ using the PO# _____
 (this fee is non-fundable and submitting the self-assessment and application for the KCS Verified v4 program in no way implies or guarantees approval)

The contact for the KCS Verified v4 program

Signature: _____ Date: _____

Print Name: _____ Phone #: _____

Title: _____ Email address: _____

Name of the representative from the candidate company who will be conducting the demo. This person must hold a KCS Program Manager Certification.

Signature: _____ Date: _____

Print Name: _____ Phone #: _____

Title: _____ Email address: _____