



GET ON BOARD
 The Road to Independence 



NATIONAL MOBILITY
 EQUIPMENT DEALERS
 ASSOCIATION

Driving Independence

NMEDA / QAP™

Dealer Member Application



The National Mobility Equipment Dealers Association (NMEDA) consists of dealers, manufacturers, therapists, driver rehabilitation specialists and many other types of industry related professionals. NMEDA membership is your key to a successful business in the adaptive transportation equipment industry. Member benefits extend into the technical, legislative and even the financial realms of this competitive industry.

Please complete the entire form and return it to NMEDA along with the following items:

NMEDA.com

phone
813.264.2697
fax
813.962.8970
email
info@nmeda.org

- NHTSA registration letter
- Insurance coverage documentation showing NMEDA as a holder
- All manufacturer training certificates
- One year's NMEDA membership dues
- Initial third-party audit fee

NOTE: *You will need to have your Quality Control Manual approved by NMEDA prior to scheduling the initial audit.*

NMEDA / QAP Dealer Member Application (PRINT CLEARLY)

Company Name: _____

Designated Rep Name: _____ Email: _____

Owner Name (if different): _____ Email: _____

Type of Business: Sole Owner Partnership Company Corporation

Company Address: _____

City: _____ State/Prov.: _____ Zip/Postal: _____

Billing Address (if different): _____

City: _____ State/Prov.: _____ Zip/Postal: _____

Phone: _____ Fax: _____

Does your company have multiple locations by the same owner? Yes No

If yes, please list City and State/Province for all locations: *(All locations are required to have QAP accreditation.)*

Website: _____ Email: _____

Permission to link from the NMEDA web site? Yes No Initial: _____

Shop Information:

Dealer/Used Car License (where applicable): _____

Primary Service Area / Metro Location(s): _____

Do you have a shop area of sufficient size that can accommodate a minimum of 5 feet of clear floor space around all vehicles being serviced, including deployed ramps? Yes No

Is the facility ADA compliant? Yes No

Do you have 24-hour emergency service available? Yes No Phone: _____

(Mandatory within 30 days after acceptance of application)

List all equipment you install, sell, or service including manufacturer name and product lines:

(Please note: You must submit a letter or certificate of training for at least one technician with this application for each manufacturer that is listed below.)

Manufacturer:

Product(s):

Applicable certificates of training must accompany this application for all products listed. If a manufacturer does not provide certificates of training, a letter from the manufacturer, stating that they do not require or offer training for their equipment will be sufficient. Also, certificates of proper insurance must be furnished to process your application. Add additional pages if necessary.

ALL DEALERS: Please check off the installations and/or modifications that are performed.

Mobility Equipment Installer

- Lifts for wheelchairs/scooters
- Portable ramps
- Power & manual wheelchair tiedowns
- Simple non-driver devices
- Manual hand controls
- Steering devices
- Left foot accelerator
- Pedal extensions
- Roof-top carriers
- Driver/passenger power/manual transfer seats
- Secondary driving aids (non-electrical)
- Driver trainer brakes
- Power seat bases

Structural Vehicle Modifier

- Lowered floors
- Power pans
- Raised roofs
- Raised doors
- Support cages

High Tech Driving Systems Installer

- Electronic & pneumatic gas/brake
- Low/zero effort steering w/ backup
- Low/zero effort braking w/ backup
- Horizontal, joystick, hydraulic & electronic steering systems
- Touch pads/secondary controls (requiring electrical)

DO YOU PLAN TO PROVIDE OFF-SITE INSTALLATIONS? YES NO

(Low-tech equipment, off-site installs may require additional insurance coverage - ask your insurance rep for more information.)

Agreement & Payment:

Upon joining the National Mobility Equipment Dealers Association, we agree to follow the association's Guidelines, Bylaws, QAP Rules, Code of Ethics and Mediation Committee decisions.

Signature: _____

Date: _____

- | | |
|--|----------------|
| <input type="checkbox"/> Dealer Member Annual Dues | \$1,675 |
| <input type="checkbox"/> Initial Third-party Audit Fee | \$995 |

Credit Card Number: _____ Expiration Date: _____ TOTAL: _____

Name on Card: _____ Company Name: _____ CCV Code: _____

Signature for Payment: _____

NMEDA dues payments are not deductible as charitable contributions for federal income tax purposes.

For check payment: Make check payable to NMEDA

Mail to:	NMEDA	Phone: 813.264.2697
	3327 W. Bearss Ave.	Fax: 813.962.8970
	Tampa, FL 33618	Email: info@nmeda.org

All documents referred to in the application can be found at www.nmeda.com. If you have any questions, please contact us at the number or email shown above and ask for the Membership Coordinator.

NMEDA Contact Information

In an effort to assure QAP and other NMEDA communications are being directed to the responsible party, add all dealer contacts below. Note that a QAP contact is required. The QAP contact is someone on-site. A QAP secondary contact may be assigned, as necessary, and will receive copies of all communications going to the QAP contact. The responsibilities of the QAP contact are defined in the QAP Rules document (QAP-101) on the NMEDA website.

QAP Contact *(required)*

Name: _____ Email: _____ Phone: _____

QAP Secondary Contact *(optional)*

Name: _____ Email: _____ Phone: _____

Sales Contacts: *(optional)*

Name: _____ Email: _____ Phone: _____

Name: _____ Email: _____ Phone: _____

Name: _____ Email: _____ Phone: _____

Name: _____ Email: _____ Phone: _____

Name: _____ Email: _____ Phone: _____

Technical Contacts: *(optional)*

Name: _____ Email: _____ Phone: _____

Name: _____ Email: _____ Phone: _____

Name: _____ Email: _____ Phone: _____

Name: _____ Email: _____ Phone: _____

Name: _____ Email: _____ Phone: _____

Administration Contacts: *(optional)*

Name: _____ Email: _____ Phone: _____

Name: _____ Email: _____ Phone: _____

Name: _____ Email: _____ Phone: _____

Name: _____ Email: _____ Phone: _____

Name: _____ Email: _____ Phone: _____

It is NMEDA's intent to direct all business information to the "Designated Rep" listed on the first page of the application and all QAP related information to the QAP contacts. Additionally, Sales and Technical contacts may receive bulletins, as necessary. All contacts listed on this application will receive the Short Circuit e-mails and only the Designated Rep will receive the *Circuit Breaker* magazine.