

National Mobility Equipment Dealers Association

QUALITY ASSURANCE PROGRAM
APPLICATION AND CONFIDENTIAL QUESTIONNAIRE

3327 W. Bearss Ave., Tampa, FL 33618
Phone: (800) 833-0427 FAX: (813) 962-8970

Business Name: _____
Business Address: _____
City/State/ZIP Code: _____
Name of Business Principal: _____
Business Phone Number: _____ Business FAX Number: _____
Business 800 or WATS number: _____ E-Mail address: _____
Web page address: _____
NMEDA Membership Number (if applicable): _____

TYPE OF BUSINESS

Sole Owner: _____ Partnership: _____ Company: _____ Corporation: _____ If corporation, in what
State: _____ Date: _____

PRINCIPALS/DIRECTORS

Owner's Name: _____
Partner's Name: _____
President: _____
Vice President: _____
Secretary: _____
Treasurer: _____
Others: _____
Primary Service Area: _____
Office Manager's Name: _____
Shop Manager's Name: _____
Approximate square footage of shop: _____
Approximate square footage of offices: _____
Approximate square footage of show room: _____
Wheelchair accessible rest rooms _____
Do you have 24-hour emergency service available: _____

List all manufacturers and their products that you are an authorized dealer for:
(Please note you must have a letter or Certificate of Training for each manufacturer that is listed.)

Please check off the installation(s) and/or modification(s) that are performed.

Mobility Equipment Installer

- Trunk lifts for wheelchairs and scooters
- Portable ramps
- Power and manual wheelchair tie-downs
- Simple non-driver devices
- Manual hand control
- Steering devices
- Left foot accelerator
- Pedal extensions
- Roof-top carriers
- Driver and passenger power and manual transfer seats
- Wheelchair lifts
- Secondary driving aids (non-electrical)
- Driver trainer brakes
- Power seat bases

Structural Vehicle Modifier

All structural modifications including:

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

High Tech Driving Systems Installer

All high tech primary driving systems including:

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

Applicable certificates of training must accompany this questionnaire for wheelchair lifts, hand controls, electronic controls, steering modifications, brake modifications, wheelchair securements and welders certification. 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. Certificates of proper insurance must be furnished to process your application.

- **NMEDA MEMBERS: All QAP fees are included in NMEDA dealer membership dues.**
- **NON-NMEDA MEMBERS: QAP Annual Fee is \$5,000.00 (Due with application)**
- **Required site inspection fees are \$600.00 per inspection for ALL QAP dealers.**

We hereby agree to follow the current NMEDA Guidelines and the NMEDA Mediation Committee rulings.

Principals Signature: _____ Date: _____

Credit Card Number: _____ Expiration Date: _____

Name on card (print): _____ Signature: _____