



CERTIFICATION

[Register](#)

[Login](#)



CERTIFICATION

Register

Login





Registration

Name

Fill in the blank

Email Address

Fill in the blank

Service Type

Drop Down (Full Service, Self Service, Both, Other)



Are You An Approved Auditor

Drop Down List of Approved Auditors



Password

Fill in the blank

Submit



Registration

Name

Fill in the blank

Email Address

Fill in the blank

Service Type

Drop Down (Full Service, Self Service, Both, Other)



Are You An Approved Auditor

Drop Down List of Approved Auditors



Password

Fill in the blank

Submit





Authorized Facilities

Add a New Facility

Choose a state

Drop Down (State abbreviations)



Choose a facility

Drop Down (Facilities for the picked state)



Choose a tier

Drop Down (Tiers)



Submit



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Drop Down (State abbreviations)



Choose a facility

Drop Down (Facilities for the picked state)



Choose a tier

Drop Down (Tiers)



Submit



Add A New Facility

All facilities using a preparer must complete the authorization page before any certifications can be completed.

Facility name

Fill in the blank

Facility state

Drop Down (state abbreviations)



Facility permit number

Fill in the blank

Upload authorization page



Submit

Authorization Form

Add A New Facility

All facilities using a preparer must complete the authorization page before any certifications can be completed.

Facility name

Fill in the blank

Facility state

Drop Down (state abbreviations)



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Choose a facility

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Choose a tier

Drop Down (Tiers)



Submit






Fill in the following information and upload the required documents to become tier 1 certified.

Next Steps		Facility	Permit Number	Description	Submission Date	Expiration Date	Status
View Copy	Go	JEM	#000000	Authorization	01/01/2020	01/01/2021	Approved
View Copy	Go	JEM	#000000	Tier 1	01/01/2020	01/01/2021	Submitted
Edit	Go	JEM	#000000	Tier 2	01/01/2020	01/01/2021	In Progress
Edit	Go	JEM	#000000	Tier 3	01/01/2020	01/01/2021	In Progress

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Next Steps		Facility	Permit Number	Description	Submission Date	Expiration Date	Status
View Copy	Go	JEM	#000000	Authorization	01/01/2020	01/01/2021	Approved
View Copy	Go	JEM	#000000	Tier 1	01/01/2020	01/01/2021	Submitted
Edit	 Go	JEM	#000000	Tier 2	01/01/2020	01/01/2021	In Progress
Edit	Go	JEM	#000000	Tier 3	01/01/2020	01/01/2021	In Progress



Fill in the following information and upload the required documents to become tier 1 certified.

Facility Name	Completed from initial registration
D.B.A.	
Facility Primary Contact	Completed from initial registration
Primary Contact Role	
Owner Phone Number	
Email Address	Completed from initial registration
Facility Phone Number	
Facility Street Address	
City	
State	
Zip	
County	



Fill in the following information and upload the required documents to become tier 1 certified.

Are you completing this as a preparer?

Drop Down List of Yes

Digital Signature

Fill in the blank

Submit



Fill in the following information and upload the required documents to become tier 1 certified.

Are you completing this as a preparer?

Drop Down List of Yes

Digital Signature

Fill in the blank

Submit





Payment Information

To finalize your submission please complete the payment information requested below.

Total Due: \$0.00

Name on the card

Fill in the blank

Card Number

Fill in the blank

Expiration Date

Date Field

CVV Code

Fill in the blank

Zip Code

Fill in the blank

Submit



Payment Information

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Total Due: \$0.00

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Card Number

Fill in the blank

Expiration Date

Date Field

CVV Code

Fill in the blank

Zip Code

Fill in the blank

Submit

