



PCPA MODEL POLICY MANUAL ORDER FORM

Name _____

Rank _____

Agency Name _____

Agency ORI Number _____

Agency Address _____

Agency City/State/Zip _____

Agency Phone _____

Agency Fax _____

CEO's Email _____

I have received a copy of the Liability Disclaimer and Wavier. I understand and agree with both of these documents.

Signature _____ Date _____

PCPA USE ONLY

Date Received _____ Processed by _____

Manual Cost: ___ PCPA Member (\$100) ___ Non Member (\$500)

Disc Number _____

PAID _____ INVOICED _____