



**CERTIFIED COMPANY REQUEST TO USE NON-AUTHORIZED AUDIT PROVIDER
FOR FULL COMPLIANCE AUDIT**

RMA Certification Audit Committee:

I, _____ as the “authorized representative” of _____ (hereinafter referred to as “Certified Company”) request permission, per section 8.4 (E) of the Receivables Management Certification Program, to use _____ (hereinafter referred to as “Audit Provider”) to perform Certified Company’s Full Compliance Audit.

Audit Provider has been identified through another contractual relationship as the firm Certified Company is required to use for the performance of a compliance audit of a similar nature. Given the similar nature of the audits, Certified Company would like to use Audit Provider to perform the RMA Full Compliance Audit for cost efficiency.

I have provided Audit Provider with the “Non-Authorized Audit Provider Attestation” Form and understand that the Certification Audit Committee cannot consider Certified Company’s request until Audit Provider has completed and submitted the form to RMA.

I hereby certify that all of the information provided herein is true and accurate.

Full Name of Authorized Representative: _____

Signature of Authorized Representative: _____

Mailing Address: _____

Telephone Number: _____

Email Address: _____

Date of Signature: _____

Mail or email the completed form to:

Receivables Management Association International
Receivables Management Certification Program
1050 Fulton Avenue, Suite 120
Sacramento, CA 95825
cert@rmassociation.org

****RMA staff****

Date of Audit Committee Review _____ Approved Denied Communicate Committee Decision
6/1/17