SUBSTANCE ABUSE PREVENTION AND TREATMENT AGENCY (SAPTA) PREVENTION CERTIFICATION APPLICATION

Agency Name:						
Mailing Address:						
Street/F	P.O. Box	City		Zip (Code	
Site Address:						
Street/F	P.O. Box	City		Zip (Code	
Telephone Number:		Fax	Number:			
Program Director's Name:			Email:			
Program Director's Signature	» <u> </u>		D	Pate:		
Certification Contact's Nan	ne:		Email:			
Signature:	_	Date:				
These signatures verify the program including, if applicable: 42 CFR, F					deral laws	
Check appropriate box:						
11 1			Certification	Re-certification	1	
Coalition				The continuation	<u> </u> 	
Sub-recipient of:					1	
Administrative Program					1	
Non-Funded	.=				1	
Nevada Administrative Co	des 458 and the Ne	evada Revised Sta	atutes 458 establish	n certification standard	ls.	
The non-refundable certific to address below.	ation fee is \$1	100.00. Mak	e checks paya	able to SAPTA	and mail	
		SAPTA				
	4126 Techr	nology Way,	2 nd Floor			
		City, NV 89				
Ph	none: 775-684-	4190 Fax:	775-684-4185	i		
	Age	ency Use On	ly			
Check Number:	eck Number: Check Amount:			Date Cleared:		
Current Expiration Date:						
New Expiration Date:						