

Expedite Request Form

RADT Initial Applicants Only

| First Name: | Last Name: | |
|--|-----------------------|---------------------|
| Address: | | |
| City: | | |
| Employer: | | |
| Is your employer a CCAPP Program Memb | per? Yes No | 0 |
| Have you completed an RADT Initial Appli | cation? Yes | No |
| Have you ever been registered before? Y | es No | |
| By signing this request, you are verifying that you that you are currently working, or seeking employments of the company of t | | • |
| I understand that by submitting this request, that in two (2) working days. Once your application is in your digital wallet. | | • |
| Signature: | Date: | |
| Office Use Only | | |
| Approved Denied Date | e: | |
| (CCAPP Staff member: Please initial, date and up | oload to professional | ls Certemy profile) |

Expedite Request Form

The Expedite Request form is for those individuals who have never been registered with CCAPP and that are employed or seeking employment with an organization that is a CCAPP Program Member.

This form will allow for individual's RADT Initial application to be processed within two (2) working days.