



# COVID-19 BUSINESS ACCREDITATION PROGRAM BADGE REQUEST FORM

BUSINESS NAME: \_\_\_\_\_ OWNER/MANAGER: \_\_\_\_\_  
PHYSICAL ADDRESS: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

I participated in the following qualified **SAFETY** activities:

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**TOTAL CREDITS:** \_\_\_\_\_

I participated in the following qualified **SELF CARE** activities:

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**TOTAL CREDITS:** \_\_\_\_\_

I participated in the following qualified **FINANCIAL ACCOUNTABILITY** activities:

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**TOTAL CREDITS:** \_\_\_\_\_

I participated in the following qualified **MARKETING** activities:

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**TOTAL CREDITS:** \_\_\_\_\_

I participated in the following qualified **DE-ESCALATION** activities:

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**TOTAL CREDITS:** \_\_\_\_\_

**SUBMIT FORM TO:** Clear Creek EDC, PO Box 2030, Georgetown, CO 80444 / [president@clearcreekedc.org](mailto:president@clearcreekedc.org)