

# **SELF-SERVICING ACCOUNT PROGRAM**

## **Program Overview and Notification of Interest**

Apple's Self-Servicing Account (SSA) program is designed for institutions and businesses that would like the convenience of repairing devices owned by their organization.

Apple will use the information provided to determine whether your organization is eligible for the Self-Servicing Account program. This information will be reviewed and followed up by the SSA program team. Please note, the entire process may take between six to eight weeks to complete.

### **REQUIREMENTS**

1. Business profile, please complete all entries in the form below, use N/A where not applicable
2. Required attachments
  - Photos (taken within the last 7 days) of each service location to include:
    - Grounded ESD mat
    - Wrist strap
    - Hand tools
    - Barcode scanner

Note a credit line is required for participation in the Self-Servicing Account program. If you have a purchasing account with Apple, we may be able to leverage that account for your Self-Servicing Account. If an Apple purchasing account is not available, a credit application is required. Please provide details for your purchasing account below, or click [here](#) for a copy of the credit application.

Submit this form with the required pictures to [ssa.program@apple.com](mailto:ssa.program@apple.com). You will receive a reply referencing your request number. Please include this number in all correspondence during the evaluation period. Apple reserves the right to make any determination on eligibility and whether an organization is accepted as a Self-Servicing Account Provider.

If you have any questions regarding the application process, please contact [ssa.program@apple.com](mailto:ssa.program@apple.com).

Details about the legal status of your company

Legal Company Name	
Registered Address	
City	
Province	
Postal Code	
Company Website Address	
Contact Name	
Contact Email	
Contact Title	
Contact Phone Number	

## **SERVICE LOCATION INFORMATION**

Details about the location(s).

Ship-to Name	
Service Location Address	
City	
Province	
Postal Code	
Telephone Number	
Operating Hours	

Existing/Previous Apple Accounts (if applicable)

Relationship Type	Account Number (if applicable)	Apple Contact Name	Apple Contact Email Address

- Estimated repair volume per month. This value is for Apple’s part planning only and has no bearing on acceptance into the program.

Product	Quantity
Mac Products (MacBooks, iMac)	
iPhone	
iPad	
Other	

### Getting to know you questions

Are you utilizing this program to only service devices owned by your institution?	
How many Apple devices does your organization own that are five years or newer?	
Are you interested in servicing Macs or iOS products or both?	
If you have iPhones/iPads in your deployment, do you understand that the SSA program does not allow for any same unit repairs on iOS devices? iOS devices are whole unit replacements only under the SSA program.	

Are any of your techs Apple certified or have any experience repairing Apple devices?	
How many techs do you have supporting your Apple devices?	
How are your products currently being serviced?	
What are you unsatisfied about with the current service strategy?	
What do you hope to accomplish by applying for a Self-Servicing Account program?	
Do you have a Limited Terms Service Account? If so, please provide that number.	
Are you currently working with an Apple Retail Store or Apple Authorized Service Provider in your area?	

**DECLARATION**

I confirm that I am authorized to pursue an application on behalf of the company detailed in this Notification of Interest.

Contact Name	
--------------	--

Contact Email	
Contact Phone	
Contact Title	

**PLEASE DO NOT FORGET TO ATTACH YOUR WORKBENCH PHOTOS AND CREDIT APPLICATION**