

Direct Repair Plus Application

(Complete the fillable application form and submit it to SRA@mpi.mb.ca.)

Legal Business Name: _____

Operating As (facility name): _____

MPI Registered Account #: _____

I am applying on behalf of the above-mentioned business for participation in the Direct Repair Plus program.

I confirm that the above-mentioned business:

- Is accredited and in good standing based on its current accreditation agreement in force.
- Meets minimum requirements of:
 - an average claim volume of 20 claims per week
 - a 60 % minimum composite score
 - a minimum absolute Ask-Approve Variance of 2.63 %
- Agrees to onsite presence of MPI staff.
- Agrees to abide by all requirements of the program.

I have the legal authority by the business to so apply and bind it:

Name: _____

Title: _____

Phone Number: _____

Email: _____

Date: _____