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<b>Facility Name</b>	<b>AISC Member #</b> (if applicable)
<small>This distinction helps us differentiate between multiple facilities operating under a single company name.</small>	<b>Total employees at company</b>

Requested Endorsement	
	Bridge
	Metal Deck
	Seismic

<b>Additional Address</b> (If any other functions must be audited at a location other than the certified location, enter the address here.)
Distance in miles from 'Primary'
address (1)
address (2)
city, state, zip
country

<b>Certification Contact</b> (Person who oversees the certification effort for the facility)	
name	
title	
email	
phone	fax
alternate contact person	

address (2)
city, state, zip
country

<b>Principle Officer</b> (Highest ranking officer at the facility, different from Certification Contact)	
name	
title	
email	

<b>Authorized Signature</b> (Certification Contact or Principal Officer)	<b>Title</b>
<b>Print Name</b>	<b>Date</b>

Please mark the box that represents the percentage of contracts your company receives annually that specify an AISC Certification.

<input type="checkbox"/> < 10%	<input type="checkbox"/> 10 - 25%	<input type="checkbox"/> 26 - 50%	<input type="checkbox"/> 51 - 75%	<input type="checkbox"/> > 75%
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Overnight Payments: Attn to Lockbox Operations,  
PO Box 978761, 2012 Corporate Lane, Suite 108,  
Naperville, IL 60563

Please make check payable to AISC.

## Program Goals and Organizational Overview

What is the main objective your organization would like to accomplish with a preassessment?

What specific topics or areas would your organization like covered during the preassessment?

What would you like the participants of the preassessment to be able to do that they aren't currently doing?  
What are your desired outcomes of the training?

How will success of the preassessment be determined?

In the past, what has made training meaningful to this group?

Are there topics that should not be addressed or areas that may be sensitive?

Describe any recent events or changes in the organization such as mergers and acquisitions, changes in management, policy or procedural changes, a change of location, a rapid growth or reduction in staff, etc.

In addition to this questionnaire, please submit the fo