

## Application for a Fabrication Pre-Assessment Audit -

### REQUIRED

Company Name		AISC Member #	
Facility Name		Total employees at facility	
<b>Primary Facility Address</b> address (1) address (2) city, state, zip country		<b>Current Certifications</b>	
		<b>Requested Certifications</b>	
<b>Secondary Facility Address</b> Distance in miles from 'Primary' address (1) address (2) city, state, zip country		<b>Certification Contact</b>	
		name	
		title	
		email	
		phone	fax
		alternate contact person	
<b>Mailing Address</b> address (1) address (2) city, state, zip country		<b>Principle Officer</b>	
		name	
		title	
		email	
		phone	
Authorized Signature		Title	
Print Name		Date	

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**Apply Today!** [application@aisc.org](mailto:application@aisc.org) **Payment and Copy-of-Application**

*Overnight Payments: Attn to Lockbox Operations,  
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## Program Goals and Organizational Overview