



Application for an Erector Pre-Assessment Audit - An opportunity to assist in assessing the implementation, effectiveness and sustainability of your Quality Management System.

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

Primary Facility Address

address (1)

address (2)

city, state, zip

country

Requested Certification

Not Currently Certified

Certified Steel Erector (CSE)

Requested Endorsement

Bridge

Metal Deck

Seismic

Additional Address
(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

Certification Contact
(Person who oversees the certification effort for the facility)

name

title

email

phone

fax

alternate contact person

Mailing Address
(If different from Primary Facility Address)

address (1)

address (2)

city, state, zip

country

Principle Officer
(Highest ranking officer at the facility, if different from Certification Contact)

name

title

email

phone

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

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

| | | | | |
|--------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|--------------------------------|
| <input type="checkbox"/> < 10% | <input type="checkbox"/> 10 - 25% | <input type="checkbox"/> 26 - 50% | <input type="checkbox"/> 51 - 75% | <input type="checkbox"/> > 75% |
|--------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|--------------------------------|

Apply Today! Email Pre-Application to application@aisc.org. Mail **Payment and Copy-of-Application** to:

Quality Management Company, LLC
130 E. Randolph Street, Suite 2000
Chicago, IL 60601-6204

American Institute of Steel Construction
PO Box 8761, Carol Stream, IL 60197-8761

*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 following in order for us to better suit your needs:

- **A company organizational chart.**
- **Any current quality system information, including manuals, procedures, etc.**
- **Job titles and job descriptions of those attending the preassessment.**
- **A list or summary of other training programs offered to this audience during the last year.**
- **Recent product or service announcements sent to clients, users or customers.**
- **The latest issue of a company newsletter or communication information directed at employees.**
- **Any other information you can provide to give us knowledge of your organization.**