



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

**REQUIRED**

<b>Company Name</b>		<b>AISC Member #</b> (if applicable)	
<b>Facility Name</b> This distinction helps us differentiate between multiple facilities operating under a single company name.		<b>Total employees at facility</b>	
<b>Primary Facility Address</b>		<b>Current Certifications</b>	
address (1)		<input type="checkbox"/> not currently certified	
address (2)		<input type="checkbox"/> Building Fabricator	
city, state, zip		<input type="checkbox"/> Bridge Fabricator: Simple	
country		<input type="checkbox"/> Bridge Fabricator: Intermediate	
		<input type="checkbox"/> Bridge Fabricator: Advanced	
		<input type="checkbox"/> Component Manufacturer	
		<input type="checkbox"/> Hydraulic Structures Fabricator	
		<input type="checkbox"/> Paint Endorsement - enclosed	
		<input type="checkbox"/> Paint Endorsement - covered	
		<input type="checkbox"/> Paint Endorsement - exposed	
		<input type="checkbox"/> Fracture Critical Endorsement	
<b>Secondary Facility Address</b> (Applicable only for facilities whose support functions, such as management, detailing, purchasing, etc. have a different address.)		<b>Requested Certifications</b>	
Distance in miles from 'Primary'		<input type="checkbox"/> Building Fabricator	
address (1)		<input type="checkbox"/> Bridge Fabricator: Simple	
address (2)		<input type="checkbox"/> Bridge Fabricator: Intermediate	
city, state, zip		<input type="checkbox"/> Bridge Fabricator: Advanced	
country		<input type="checkbox"/> Component Manufacturer	
		<input type="checkbox"/> Hydraulic Structures Fabricator	
		<input type="checkbox"/> Paint Endorsement - enclosed	
		<input type="checkbox"/> Paint Endorsement - covered	
		<input type="checkbox"/> Paint Endorsement - exposed	
		<input type="checkbox"/> Fracture Critical Endorsement	
<b>Mailing Address</b> (If different from Primary Facility Address)		<b>Certification Contact</b> (Person who oversees the certification effort for the facility)	
address (1)		name	
address (2)		title	
city, state, zip		email	
country		phone	
		fax	
		alternate contact person	
		<b>Principle Officer</b> (Highest ranking officer at the facility, if different than Certification Contact)	
		name	
		title	
		email	
		phone	
<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 facility receives on an annual basis 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%
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**Apply Today!** Email Pre-Application to [application@aisc.org](mailto:application@aisc.org). **Mail Payment and Copy-of-Application to:**  
 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

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

## 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.**