



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

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

**Primary Facility Address**

address (1)

address (2)

city, state, zip

country

Current Certification	Requested Certification
<input type="checkbox"/> Not Currently Certified	<input type="checkbox"/> Certified Steel Erector (CSE)
<input type="checkbox"/> Certified Steel Erector (CSE)	<input type="checkbox"/> Advanced Certified Steel Erector (ACSE)
<input type="checkbox"/> Advanced Certified Steel Erector (ACSE)	

**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

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

**OPTIONAL** This information will be posted at [www.aisc.org](http://www.aisc.org) upon successful completion of certification process.

<b>Marketing Contact Name</b>	<b>Company Website</b>
email	phone

Please mark the boxes which represent the states in which you conduct regular business.

All 50 U.S. States	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
	AL	AK	CO	CT	GA	HI	IA	KS	MA	MD	MI	MO	NJ	NM	OH	OK	SC	SD	VT	VA	WY	
48 Contiguous U.S. States	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	AZ	AR	DE	DC	ID	IL	KY	LA	MI	MN	NE	NV	NY	NC	OR	PA	TN	TX	WA	WV		
	CA		FL		IN		ME		MS		NH		ND		RI		UT		WI			

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%
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<b>Apply Today!</b>	Mail or fax <b>APPLICATION</b> to: Quality Management Company, LLC 1 E. Wacker Dr., Suite 700 Chicago, IL 60601 fax: 312.896.9202	Mail <b>PAYMENT</b> to: American Institute of Steel Construction, Dept 5496 PO Box 3090 Milwaukee, WI 53201 Overnight Payments: Associated Bank, Mail Stop 7605, 3935 W Mitchell St., Ste. 300, Milwaukee, WI 53215
	<small>Please make check payable to AISC.</small>	

## 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.**