



AISC Certification Scope Change Application: Erector Program

- For **CURRENTLY certified companies** wishing to change their certification scope.
- Please note that Scope Change Applications are handled as a “new application.” An Application Review and Documentation Audit must be completed prior to scheduling the site audit.
- Please submit completed applications to application@aisc.org.
- Although every effort will be made, we cannot guarantee that your Scope Change audit will be combined with your certification renewal audit. Please contact AISC to discuss scheduling alternatives.

A. Company Information

Date _____

1. Company Name (as would be shown on certificate) _____

AISC Full Member # (if applicable) _____

2. Your company Tax ID number _____

3. Facility Address Currently Certified

Address _____

City _____ State/Province _____

Zip/Postal Code _____ Country _____

Website _____

4. Mailing Address for Certification Certificate (If different from Facility listed in Section A.3 above)

Address _____

City _____ State/Province _____

Zip/Postal Code _____ Country _____

5. Why are you applying for a scope change? _____

6. What type of steel structures do you erect? _____

B. Current Certifications and Endorsements

Requested Certifications and Endorsements

Certified Steel Erector (CSE)

Metal Deck Endorsement (DECK)

Seismic Endorsement (SEIS)

Bridge Endorsement (BRDG)

Certified Steel Erector (CSE)

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C. Eligibility

1. Is this an Expedited Application? Yes No (The Expedited Application Fee is an additional \$3,500. Expedited applications are NOT available to International Applicants)
2. Provide the **TOTAL** number of all employees at this company _____
3. Is this company a division of a parent company? Yes* No *If yes, please complete the form "Section E - Common Ownership."

D. Key Personnel

While positions identified below may be combined, a minimum of **two** separate email addresses for a participant are required.

1. Principal Contact (Print/Type Name) _____
Principal Contact (Authorized Signature) _____ Date _____

Key Personnel	Name	Title	Email	Phone
Principal Contact (Highest ranking official)				
Certification Contact (Oversees Certification Program)				
Marketing Contact (Listed on AISC website)				
Accounts Payable				

E. Common Ownership

(Please complete Section E for each additional branch. Also, each additional branch seeking AISC Certification must complete a separate application form)

Office # ___ of ___

1. Branch Name _____

Address _____

City _____ State/Province _____

Zip/Postal Code _____ Country _____

2. Quality Management System — Does your quality management system for the above company encompass other branches? If so, which branches? And what is their relationship?
