



CERTIFICATION PROGRAMS

AISC Certification Scope Change Application: Fabricator Program

- For **CURRENTLY certified facilities** 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. Facility Applying for Certification

Date _____

1. Company Name (as would be shown on certificate) _____
AISC Full Member no. (if applicable) _____
2. For domestic facilities, please provide your Tax ID number _____
For international facilities, please provide a copy of your Business License.
3. Facility Address Currently Certified **(NOT the support office address. Support Office address should be listed in Section D)**
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 are your primary fields of structural steel fabrication? _____

B. Current Certifications and Endorsements

Requested Certifications and Endorsements

- Building (BU)
- Simple Bridge (SBR)
- Intermediate Bridge (IBR)
- Advanced Bridge (ABR)
- Bridge Component Manufacturer (CPT)
- Hydraulic Structures (HYD)
- Paint Endorsement - (SPE)
 - P1- Enclosed P2- Covered P3- Exposed
- Fracture Critical Endorsement (FCE)
(Not available for BU or HYD)

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C. Eligibility

1. Does your facility fabricate structural steel as defined in the AISC Code of Standard Practice, Section 2.1? Yes No
2. Does your facility shop install high strength bolts in accordance with RCSC? Yes No
3. Do you transport/deliver/ship material from the facility address directly to job sites? (Must provide proof at audit) Yes No
4. a. Has this facility ever applied for AISC certification? Yes No If yes, please provide dates _____
 b. Has this facility ever been AISC certified? Yes No If yes, please provide dates: _____
5. Is this an Expedited Application? Yes No **(The Expedited Application Fee is an additional \$3,500)**
6. Provide the **TOTAL** number of all employees at this facility _____
7. Is this facility a division of a parent company? Yes* No ***If yes, please complete the form "Section F - Multiple Fabrication Facilities/Common Ownership."**

D. For Support Office Only (may be N/A)

A support office is a separate facility that provides non-fabrication (support) functions such as Management, Detailing, Purchasing, etc. Additional fabrication facilities require a separate application.

1. Do you conduct any of the support functions listed in Item B.(2) at a location other than the facility listed in A.(3)?
 Yes N/A No Support Office

2. What functions are performed at this Office to support the location noted in A.3? Check all that apply.

- Management Detailing Purchasing Other: _____

Support Office Address _____

City _____ State/Province _____

Zip/Postal Code _____ Country _____



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E. Key Personnel

While positions identified below may be combined, a minimum of **two** separate email contacts 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				

F. Multiple Fabrication Facilities/Common Ownership

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

Facility # ___ of ___

1. Facility Name _____
 Address _____

 City _____ State/Province _____
 Zip/Postal Code _____ Country _____

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

