



# CERTIFICATION PROGRAMS

## AISC Certification Special Agency Audit Program Application

- For CURRENTLY certified facilities wishing to apply to the Special Agency Audit Program.
- Please note that the Special Agency Audit Program is an **option, not** a requirement. This program was established to meet the requirements of New York City's Office of Technical Certification and Research (OTCR) Approved Fabricator List.
- Please submit completed applications to certification@aisc.org.

### A. Facility Applying for Special Agency Audit Program:

Date \_\_\_\_\_

1. Company Name (as currently shown on certificate): \_\_\_\_\_

Unique ID Number: \_\_\_\_\_

2. Facility Address Currently Certified:

address \_\_\_\_\_

city \_\_\_\_\_ state/province \_\_\_\_\_

zip/postal code \_\_\_\_\_ country \_\_\_\_\_

3. Mailing Address (if different from Facility listed in Section A.2 above):

address \_\_\_\_\_

city \_\_\_\_\_ state/province \_\_\_\_\_

zip/postal code \_\_\_\_\_ country \_\_\_\_\_

### B. Key Personnel

Principal Contact (Print/Type Name) \_\_\_\_\_

Principal Contact (Authorized Signature) \_\_\_\_\_ Date \_\_\_\_\_

Key Personnel	Name	Email	Phone
Principal Officer (highest ranking official)			
Certification Contact (oversees Certification Program)			
Accounts Payable (main contact for Special Agency Audit Program invoices)			

### C. Multiple Fabrication Facilities in/Applying for Special Agency Audit Program

Please fill out a separate sheet for each additional facility.

Facility # \_\_\_ of \_\_\_

address \_\_\_\_\_

city \_\_\_\_\_ state/province \_\_\_\_\_

zip/postal code \_\_\_\_\_ country \_\_\_\_\_



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### C. Multiple Fabrication Facilities in/Applying for Special Agency Audit Program (cont.)

Facility # \_\_\_\_ of \_\_\_\_

facility name \_\_\_\_\_

address \_\_\_\_\_

city \_\_\_\_\_ state/province \_\_\_\_\_

zip/postcode \_\_\_\_\_ country \_\_\_\_\_