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:**

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 ________________

<table>
<thead>
<tr>
<th>Key Personnel</th>
<th>Name</th>
<th>Email</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Principal Officer</td>
<td></td>
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<tr>
<td>(highest ranking official)</td>
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<tr>
<td>Certification Contact</td>
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<tr>
<td>(oversees Certification Program)</td>
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<td></td>
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<tr>
<td>Accounts Payable</td>
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<tr>
<td>(main contact for Special Agency Audit Program invoices)</td>
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</table>

**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
AISC Certification Special Agency Audit Program Application

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

Facility #____ of ____

facility name ____________________________________________

address ________________________________________________

city __________________________ state/province ______________

zip/postcode __________________________ country __________________________