

# AITC Certified Fabricator Application



## REQUIRED

Company Name

AITC Member #   
(If applicable)

Facility Name

Total employees at facility

This distinction helps us differentiate between multiple facilities operating under a single company name.

## Primary Facility Address

Address (1)   
Address (2)   
City, State, Zip

## Certification Contact

(Person who oversees the certification effort for the facility)

Name   
Title   
Email   
Phone   
Fax

## Secondary Facility Address

Distance in Miles from 'Primary'   
Address (1)   
Address (2)   
City, State, Zip

## Mailing Address

(if different from Primary Facility Address)

Address (1)   
Address (2)   
City, State, Zip

## Principle Officer

(Highest ranking officer at the facility)

Name   
Title   
Email   
Phone

**Authorized Signature**   
(Certification Contact or Principle Officer)  
**Print Name**

**Title**   
**Date**

## OPTIONAL

Marketing Contact Name   
Email

Website   
Phone

AL		CO		GA		IA		MD		MO		NJ		OH		SC		WY	
AK		CT		HI		KS		MA		MT		NM		OK		SD			
AZ		DE		ID		KY		MI		NE		NY		OR		TN			
AR		DC		IL		LA		MN		NV		NC		PA		TX			
CA		FL		IN		ME		MS		NH		ND		RI		UT			

Mail or Fax Application to: **AITC Certified Fabricator Program**  
P.O. Box 23145 Portland, OR 97281  
Fax: 503.684.8928