Canadian Institute of Steel Construction
3760 14th Avenue, Suite 200, Markham, ON, L3R 3T7
Phone: 905-946-0864 • Fax: 905-946-8574
www.cisc-icca.ca

Application For Fabricator Membership

Name of Company: _____

Chief Contact Name: _____

Mailing Address: _____
Street or P.O. Box City Province Postal Code

Street Address: (if different from above) _____

Telephone: _____ Fax: _____

E-mail Address: _____ Web Site: _____

Principal type of business engage in: _____

Do you have a Quality Program equal to or better than the CISC Quality Program audited by a third party who is accredited by the Standards Council of Canada. Yes ☐ No ☐

Name of Registered Professional Engineer (P.Eng.) responsible for engineering capability (CISC By-law 2(a)(iii)).

a) **Employed on a full time basis:** _____
Academic Qualifications and Experience (list on a separate sheet and attach).

b) **Retained on a contractual basis:** _____
Academic Qualifications and Experience (list on a separate sheet and attach).

Date of Certification to the Requirements of CSA Standard W47.1-03

Division 1 ☐ or **2** ☐ **Date:** _____
(Please check one and insert date)

Name of Registered P.Eng. responsible for Welding Practice: _____

Name of Registered P.Eng. responsible for Welding Design: _____
(CISC By-law 2(a)).

On behalf of the Company:

I make application for Fabricator Membership in the Canadian Institute of Steel Construction

this _____ day of _____, 20 _____

I/we are prepared to abide by the CISC By-laws in effect or to be enacted if we are accepted as Fabricator Members.

Name: _____

Title: _____

Signature: _____

Confidentiality:

CISC values and protects your privacy. You may view our Privacy Statement at: **www.cisc-icca.ca/privacy.**

Please return to: CISC Membership Department at membership@cisc-icca.ca.

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