

**AMERICAN NATIONAL STANDARDS INSTITUTE
ASC A92 AERIAL PLATFORMS
Membership Application**

Applicant's Name: _____ Title: _____
 Mailing Address: _____ City: _____
 State/ Province: _____ Zip: _____
 Phone: _____ Fax: _____
 Email: _____

Name of Organization you will represent: _____
 Mailing Address: _____ City: _____
 State/ Province: _____ Zip: _____
 Phone: _____ Fax: _____

Check Committee(s) for which you are applying:

Main Committee

Member

Alternate

A92 Main Committee (Must fill out supplement application on page 3)		
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Subcommittees

Member

Preference

A92.2 Vehicle-Mounted and Rotating Aerial Devices		
A92.7 Airline Ground Support Vehicle-Mounted Vertical Lift Devices		
A92.9 Mast-Climbing Work Platforms		
A92.10 Transport Platforms		
A92.20 Design of manually propelled, self-propelled and boom supported aerial work platforms and under bridge vehicle mounted inspection work platforms		
A92.22 Safe Use of manually propelled, self-propelled and boom supported aerial work platforms and under bridge		
A92.24 Training to operate, inspect and maintain manually propelled, self-propelled and boom supported aerial work platforms and under bridge vehicle mounted inspection work platforms		

Your acceptance as a member of the committee(s) is contingent upon maintaining proper balance of the various categories of interest. Please check one category which most accurately describes your area of interest:

- C-1 Consumers/Users** (Consumers, users, employers and/or employer groups of aerial equipment industry)
- C-2 Directly Affected Public** (Entities directly affected by the aerial equipment industry)
- C-3 Distributors/Dealers** (Distributors, Dealers or other Sellers, that may or may not be installers, in the aerial equipment industry)
- C-4 Consultants** (Consultants with special knowledge of some aspect of the aerial work platform industry)
- C-5 Government** (users, general interest)
- C-6 Industrial/ Commercial** (Companies engaged with a business or service allied to the aerial equipment industry not defined by any other classification)
- C-8 Labor** (Labor union, employee association)
- C-9 Manufacturers** (Manufacturers of Aerial Equipment)
- C-11 Regulatory Agencies** (a governmental agency that regulates businesses in the public interest)
- C-12 Testing Laboratories** (Entities involved in independent testing and/or inspection)
- C-13 Not-for-Profit/Professional Societies** (Entities or Associations established as not-for-profit seeking to further the access profession, the interest of individuals engaged in that profession and the public interest)
- C-14 Component manufacturers** (Manufacturers of components utilized in aerial equipment covered by ANSI/SAIA A92 standards)

What is your direct and material interest in the committee(s) work? _____

What specific experience or expertise can you contribute to the committee(s)? _____

List your experience and qualifications for appointment:

1. _____

2. _____

3. _____

4. _____

5. _____

Participation in other Standard Committees:

Please attached additional sheets if necessary

In accordance with "ASC A92 Policies and Procedures" Section 5.2, members are expected to fulfill obligations of active participation. Active participation includes annual meeting attendance, voting, and payment of annual dues. If a member in default of these obligations, the consensus body will determine appropriate action, which may include termination of membership.

The current Annual Administration Service Fee for Members of the A92 Committee(s) is as follows:

Main Committee\$ 250.00
(Includes fees for main and alternate representative and all subcommittee memberships)
Subcommittee only.....\$ 75.00 each

*Payment will be due upon approval of application. All applications are reviewed yearly at the ASC A92 Annual Meeting in October.

Signed: _____

Date:_____

**MAIL OR FAX TO:
SCAFFOLD & ACCESS INDUSTRY ASSOCIATION, INC.**

Attn: A92 Secretariat
400 Admiral Boulevard
Kansas City, MO 64106
Fax: 816.472.7765

Supplementary Application for ASC A92 Main Committee

Since membership in the main committee is by organization not individual, the following information related to your organization is required. This form is to be filled out ONLY if you are applying for the Main Committee

Your corporate name:

What is the SIC code for you organization? _____

What is your organization's main business?

What A92 category are you applying for? _____

Is your organization affiliated with any existing A92 main committee member? If so what is the nature of the relationship?

How is your organization materially affected by the A92 standards? (e.g. use aerial lifts, make aerial lifts, rent aerial lifts, etc.)

Describe activities your organization engages in that are directly related to AWP?

Estimated Percentage of corporate hours per year devoted by your organization to AWP related activity?

Describe activities which make up the balance of your organization's effort

Describe your organization's pool of aerial lift knowledge (e.g. "we have three mechanics and five salesmen trained on the use and maintenance of aerial lifts" or "we have 3 people engaged in testing vehicle-mounted devices")

Any other comments to show your organization's involvement in Aerial Work Platforms
