

Applicant Information	
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Employer/Organization:		Website:
Name (First and Last):		
Job Title:	Email:	
Mailing Address:		
City/State/Province:	Postal Code:	Country:
Main Phone:	Direct Phone:	

Members of the **Main Committee** are represented on an organizational level and are allowed **one** main representative and one alternate. If you are applying for a subcommittee only, this is not applicable.

Please check (1)

Main Representative

Alternate

Please indicate the A92 Committee(s) for which you are applying:

<input type="checkbox"/> A92 Main Committee <i>(must fill out Supplementary Application on page 4)</i>
<input type="checkbox"/> A92.2 Vehicle-Mounted and Rotating Aerial Devices
<input type="checkbox"/> A92.7 Airline Ground Support Vehicle-Mounted Vertical Lift Devices
<input type="checkbox"/> A92.9A Design, Calculations, Safety Requirements and Test Methods for Mast Climbing Work Platforms (MCWPs)
<input type="checkbox"/> A92.9B Safe Use and Establishing Training Content and Administrative Requirements for Mast Climbing Work Platforms (MCWPs)
<input type="checkbox"/> A92.10A Design, Calculations, Safety Requirements and Test Methods for Mast Climbing Transport Platforms (MCTPs)
<input type="checkbox"/> A92.10B Safe Use and Establishing Training Content and Administrative Requirements for Mast Climbing Transport Platforms (MCTPs)
<input type="checkbox"/> A92.20 Design, Calculations, Safety Requirements, and Test Methods for Mobile Elevating Work Platforms (MEWPs)
<input type="checkbox"/> A92.22 Safe Use of Mobile Elevating Work Platforms (MEWPs)
<input type="checkbox"/> A92.24 Training Requirements for the Use, Operation, Inspection, Testing, and Maintenance of Mobile Elevating Work Platforms (MEWPs)

Please select (1) category that best describes your area of interest:

- C-1 Consumers/Users** – Consumers, users, employers and/or employer groups of the AWP/MEWP industry. Includes consultants and professional societies/not-for-profit that are sponsored by or represent consumers/users.
- C-2 Directly Affected Public** – Entities directly affected by the AWP/MEWP industry. Includes consultants and professional societies/not-for-profit that are sponsored by or represent the directly affected public.
- C-3 Distributors/Dealers** – Distributors, dealers or other sellers that may or may not be installers in the AWP/MEWP industry. Includes consultants and professional societies/not-for-profit that are sponsored by or represent distributors/dealers.
- C-5 Government** – Users, general interest. Includes consultants and professional societies/not-for-profit that are sponsored by or represent the government.
- C-6 Industrial/ Commercial** – Companies engaged with a business or service allied to the AWP/MEWP industry not defined by any other classification. Includes consultants and professional societies/not-for-profit that are sponsored by or represent the industrial commercial companies.
- C-8 Labor** – Labor union, employee association. Includes consultants and professional societies/not-for-profit that are sponsored or represent by the labor union, employee association.
- C-9 Manufacturers** – Manufacturers of AWP/MEWP. Includes consultants and professional societies/not-for-profit that are sponsored by or represent manufacturers.
- C-11 Regulatory Agencies** – A governmental agency that regulates businesses in the public interest. Includes consultants and professional societies/not-for-profit that are sponsored by or represent regulatory agencies.
- C-12 Testing Laboratories** – Entities involved in independent testing and/or inspection. Includes consultants and professional societies/not-for-profit that are sponsored by or represent testing laboratories.
- C-14 Component Manufacturers** – Manufacturers of components utilized in AWP/MEWP industry covered by ANSI/SAIA A92 standards. Includes consultants and professional societies/not-for-profit that are sponsored by or represent component manufacturers.

Note: Your acceptance as a committee member is contingent upon maintaining a proper balance of the various interest categories.

Background and Response

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

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

3) Describe your experience and qualifications for appointment:

4) If you participate in other standards development committees, please list them here.

TERMS & CONDITIONS

1. In accordance with ASC A92 Policies and Procedures Section 5.2, members are expected to fulfill obligations of active participation. Active participation includes Attendance at the ASC A92 Annual Meeting and Voting. If a member is in default of these obligations, the consensus body will determine appropriate action, which may include termination of membership.
2. If appointed as a member of the ASC A92 Committee, I understand that certain expenses I may incur shall be my responsibility.
3. I, the undersigned, acknowledge that my membership of the ASC A92 Committee is subject to compliance with the ASC A92 Policies and Procedures and the ANSI Essential Requirements.
4. If appointed as a member of the ASC A92 Committee, I hereby grant the Scaffold & Access Industry Association (SAIA) the non-exclusive, royalty-free rights, including nonexclusive, royalty rights in copyright, to any contributions I make to documents or material I prepared for SAIA and the ASC A92 and I understand that I acquire no rights in the publication of such documents in which my contribution or other similar analogous form is used. I hereby attest that I have the authority and I am empowered to grant this copyright release.

By signing my name below, I certify that I have read the above information and that all information on this application is true and accurate.

Mail or Email to:
Scaffold & Access Industry Association
info@saiaonline.org
400 Admiral Blvd
Kansas City, MO 64106

Signature

Date

Supplementary Application for ASC A92 Main Committee

Membership on the ASC A92 Main Committee is by **organization**. The following information related to your organization is required. This form is to be filled out ONLY if you are applying for the ASC A92 Main Committee.

Organization Name:

What is the SIC code for your organization?

What is your organization's line of business?

Is your organization affiliated with any existing A92 Main Committee member(s)? ▪ Yes ▪ No

If yes, what is the nature of the relationship?

Is your organization materially affected by the ANSI/SAIA A92 Standards?▪ Yes▪ No

Describe the activities your organization engages in that are directly related to the ASC A92 Standards.

What are your organization's estimated hours per year devoted to the access equipment industry?

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

Describe your organization's pool of access equipment knowledge (e.g., "We have three mechanics and five salesmen trained on the use and maintenance of MEWP" or "We have three people engaged in testing vehicle-mounted devices"):

Please list any other comments to describe your organization's involvement in access equipment below.