ANSI ACCREDITED STANDARDS COMMITTEE A117

INDIVIDUAL & REPRESENTATIVE APPLICATION FOR MEMBERSHIP

<u>Note</u>: This form is to be use by an Individual or Organizational Representative requesting membership on the A117 Committee. Organizations, associations or other groups requesting membership should use the form **ORGANIZATIONAL APPLICATION FOR MEMBERSHIP**.

Except for Individual members, it is the Organization that is the member of the A117 Committee, not their representatives.

Please provide the following information. It is important to complete <u>ALL</u> of the lines and questions on this form, supply additional requested information, and sign and date the application.

Part I. General Information

1. **Applicant Information**

Complete the following information on yourself (as an *Individual* or *Organizational Representative*), and the entity you will represent. Indicate if you will be the voting Principal or Alternate, or be a non-voting member.

| OI | Aiter | nate, or be a | non-votir | ng me | ember. | | | | | |
|---|-----------------|---|---------------------------------------|-------|------------|---------|------------|------------|---------------|---------------|
| Your Name: | | | | | | | | | | |
| Title: | | | | | | | | | | |
| Company: | | | | | | | | | Acronym: | |
| Address: | | | | | | | | | | |
| City: | Was | shington | | | State: | DC | Zip +4: | 200 | | |
| Phone: | | | 800#: | - | | Ext: | | Fax: | | |
| e-mail: | | | | | | TDD #: | | | | |
| Co rep | mplet oreset | Represented te the following nt (Representi | informati | on on | the entity | (Compa | ny, Associ | ation, gro | · · · | elf) you will |
| Representin | _ | | | | | | | | Acronym: | |
| Main Contac | ct: | | | | | | | | | |
| Title: | | | | | | | | | | |
| Address: | | | | | | 1 | 1 | _ | | |
| City: | Was | shington | · · · · · · · · · · · · · · · · · · · | | State: | DC | Zip +4: | 200 | | |
| Phone: | | | 800#: | | | Ext: | | Fax: | | |
| e-mail: | | | | | | TDD #: | | | | |
| Web Site: | | | | | | | | | | |
| 3. Interest Category (check one) Using the Interest categories listed on Page 2, indicate the category that best relates to your representation. Builder/Owner/Operator Consumer/User Professional | | | | | | | | | | |
| L | | Producer/Dist Categories: | ributor | | Regi | ulatory | | Individ | ual Expert (N | on-voting) |

| • | Builder/Owner/Operator | (BO) | ١ |
|---|------------------------|------|---|
|---|------------------------|------|---|

Members in this category include those in the private sector involved in the development, construction, ownership and operation of buildings or facilities; and their respective associations.

Consumer/User (CU)

Members in this category include those with disabilities, or others who require accessibility features in the built environment for access to buildings, facilities and sites; and their respective associations.

Professional (P)

Members in this category include those qualified to engage in the development of the body of knowledge and policy relevant to their area of practice, such as research, testing, consulting, education, engineering or design; and their respective associations.

Producer/Distributor (PD)

Members in this category include those involved in manufacturing, distributing, or sales of products; and their respective associations.

Regulatory (R)

Members in this category include federal agencies, representatives of regulatory agencies or organizations that promulgate or enforce codes or standards; and their respective associations.

• Individual Expert (IE) (Non-voting)

Members in this category are individual experts selected to assist the consensus body. Individual experts shall serve for a renewable term of one year and shall be subject to approval by vote of the consensus body.-Individual experts shall have no vote.

| | Representation Type Indicate if you will represent an entity (Organization) or yourself (Individual) on the Committee. | | | | | | | | |
|--------------|--|---------|--------------|---------|--------|-----------|------|------------------|-----|
| | Organization | | I | ndivid | dual | | | | |
| 5. In | dicate if you will be | the vot | ing Principa | al or A | lterna | te, or be | a no | n-voting member. | |
| Represe | entative as (check o | ne): | Principal: | | Alte | rnate: | | Non-voting Memb | er: |
| | | | | | | | | | |
| Who or | . Funding what organizatio ee? (Specify nar | | • | | | | • | • | |
| Funding by | / | | | | | | | Acronym: | |
| Main Cont | act: | | | | | | | | |
| Title: | | | | | | | | | |
| Address: | | | | | | | | | |
| City: | | | State | e: | | Zip +4: | | | |
| Phone: | | 800#: | • | | Ext: | | Fax | c: | |
| e-mail: | | | | Т | DD #: | | | | |

Part III. Authority and Participation

| 1. | Are your Organization's Representative(s) authorized to vote on behalf of your Organization? (Appropriate Authorization may be required.) |
|-----|--|
| | Yes No |
| 2. | Will your Organization's Representative(s) be instructed how to vote? |
| | Yes No |
| 3. | If so, can the time constraints of the consensus process be maintained? |
| | Yes No |
| 4. | Provide assurance of active participation on the Committee. Will your Organization and its Representatives be able to participate in the full work of the Committee such as attending Committee meetings and responding to correspondence? |
| | Yes No |
| Par | t IV. Background and Experience |
| | se complete the following. Attach résumé or additional sheets as necessary. |
| | |
| 1. | State why you wish to be a <i>Representative</i> on the A117 Committee and provide specific relationship to one or more elements of Committee work. |
| | specific relationship to one of more elements of Committee work. |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 0 | Otata the autout to which the AAA7A Otau dand directly and materially affects assume |
| 2. | State the extent to which the A117.1 Standard directly and materially affects your interest. |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 2 | Drovide evidence of expertise in excess relevant to the A447 Committee and the |
| 3. | Provide evidence of expertise in areas relevant to the A117 Committee and the Interest category your have selected in Part 1 - #3 above. |
| | |
| | |

| Эa |
|-----|
| T |
| t ' |
| V |
| Æ |
| A |
| (|
| O |
| Ħ |
| t |
| 0 |
| ľ |
| 1 |
| a |
| |
| ľ |
| ۲ |
| O |
| 1 |
| î |
| a |
| I |
| 0 |
| ľ |
| 1 |

Provide any additional information as may be appropriate to assist in the evaluation of your application. Attach additional sheets if necessary.

Part VI. Certification

I hereby agree to notify the Committee Secretariat of a change in any of the information provided in this application including a change in the organization represented or source of funding. I also agree to abide by the rules and policy of the ANSI A117 Committee. I attest that the information provided in this application for Committee membership is true and accurate.

| Signature: | Date: | |
|------------|-------|--|
| Title: | | |

Mail Completed Application to:

International Code Council, Inc. Secretariat - ANSI ASC A117 4051 West Flossmoor Road Country Club Hills, IL 60478

(888) 422-7233

e-mail: ewirtschoreck@iccsafe.org