



International Association of Geosynthetic Installers

Approved Installation Contractor

Submittal Form

A. Corporate History/Information

Section A1.

Prepared By	<input type="text"/>	Date	<input type="text"/>
Authorized By	<input type="text"/>	Phone Number	<input type="text"/>
Signed By	<input type="text"/>	Fax Number	<input type="text"/>
Year Reporting For	<input type="text"/>		

Section A2.

Starting in 2014, the renewal process for AIC has changed. On alternating years your company may be eligible to submit a sworn statement if nothing contained in last year's application has changed. Please see the AIC Policy Manual for details. This submittal is (select one):

Type of Application	<input type="text"/>		
Name of Company	<input type="text"/>		
Contact Name	<input type="text"/>		
Physical Address	<input type="text"/>		
City	<input type="text"/>	Postal Code	<input type="text"/>
		State/Prov.	<input type="text"/>
Country	<input type="text"/>	either select a State/Prov. from the menu or manually enter your province	
Mailing Address	<input type="text"/>		
City	<input type="text"/>	Postal Code	<input type="text"/>
		State/Prov.	<input type="text"/>
Country	<input type="text"/>	either select a State/Prov. from the menu or manually enter your province	
Contact email	<input type="text"/>		
Web Site	<input type="text"/>		

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Attachment A - Description of Company: On a separate document, please describe your company.

Check here if the description of the company has not changed since the original submittal.

Attachment B - Please provide a copy of your certificate of registration/organization from the Secretary of State or Government office with your AIC application package.

Type of Business

Location of Company's Incorporation/Registration (Country/State/Province)

EIN or Corporate Registration Number

Name of Parent Company

Location of Parent Company

If a Division, name and location of Corporate Headquarters

If a Division, location of Corporate Headquarters

Date Business Founded

Under Present Ownership Since

Section A3.

Attachment C - List Principals, Officers and Owners. Please provide a list of principals, officers, and anyone owning more than 10 percent of the company on an additional sheet of paper. Include names and positions.

For full renewals, check here if all the information requested in **Attachment C** is the same as your previous application.

Attachment D - List of Completed Projects. Please attach a list of jobs completed within one year of the time of application. This list must include the name of the job, the name of the engineer/general contractor, the name of the person who can verify that this company did the job, telephone number and e-mail of the contact person. The information provided will be verified by the third party.

For first-time applications, check here if your company has installed a minimum of 464,000 square meters (5,000,000 square feet) in the past year.

For full renewals, check here if your company has installed a minimum of 232,000 square meters (2,500,000 square feet) in the past year.

For sworn statements, include your project list showing that your company has installed a minimum of 232,000 square meters (2,500,000 square feet) in the past year with your sworn statement.

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B. Insurance Requirements

Attachment E - Evidence of Bonding Capability

Please fill out the bonding section completely.

The Company must attach a letter from the bonding company indicating their willingness to bond a company to the minimum per job level.

Please Select One	<input type="text"/>		
Bonding Company	<input type="text"/>		
Bonding Agent	<input type="text"/>		
Bonding Company Phone	<input type="text"/>	Bonding E-mail	<input type="text"/>
Insurance Company	<input type="text"/>		
Insurance Agent	<input type="text"/>		
Insurance Phone	<input type="text"/>	Surety E-mail	<input type="text"/>

IAGI must be listed as a certificate holder on each of your insurance policies. Please be sure you update IAGI's contact information with your insurance agent. As of January 1, 2014, IAGI's current address is:

8357 N. Ramart Range Road, Unit 106
PMB# 154
Roxborough, CO 80125 USA

Attachment F - General Liability Insurance Binder (\$1,000,000 USD minimum coverage)

Please attach the insurance binder showing minimum level of coverage.

Attachment G - Workers Compensation Insurance Binder (Statuary minimum coverage)

Please attach the insurance binder showing minimum level of coverage.

Attachment H - Automobile Liability Insurance Binder (\$1,000,000 USD minimum coverage)

Please attach the insurance binder showing minimum level of coverage.

C. Safety Training

Section C1.

For Full Renewals: Please check this box if all of the information from your original application is still accurate. If there are any changes, fill in the changes only and move on to Section C4

Drug Free Work Program

Attachment I - Provide a current copy of the drug free program with the submittal.

Do your company have a substance abuse policy?

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Section C2.

Health and Safety Orientation Program

Are your supervisors trained in the following?

Health and Safety Management orientation program for new hires, newly hired or promoted supervisors?

Does this program provide instruction on first aid and CPR procedures?

Does this program provide instruction on Toolbox Meetings?

Does this program provide instruction on safe installation practices?

Do you have an annual training program for our supervisors?

Section C3.

Attachment J - Table of Contents for Company Safety Program. Please provide a copy of the table of contents of your company's safety program with with the submittal.

Does your Health and Safety address the following key elements: (if yes, check the box)

- Accountability & responsibilities for managers, supervisors and employees
- Employee participation
- Hazard recognition and control
- Waste disposal
- Management commitment and expectations
- Resources for meeting health and safety requirements
- Supervisor and employee training
- Safety meetings and communications
- Employees working alone

Does the program include work practices and procedures such as: (if yes, check the box)

- Accident/Incident reporting
- First aid log completion
- Modified work program/Medical accommodation program
- Electrical equipment grounding assurance
- Emergency preparedness, including an evacuation plan
- Fall protection
- Housekeeping
- Personal protective equipment
- Portable electrical/power tools

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Section C3. continued

- Powered industrial vehicles (four-wheelers, etc.)
- Unsafe condition reporting
- Vehicle safety (i.e. defensive driving)

Please explain any unchecked boxes in section C3 here.

Section C4.

Attachment K - Documentation of Health and Safety Training Records. Please provide current documentation of the health and safety training records for your employees.

Does your company have health and safety training records for your employees?

Section C5.

How do you verify employee understanding of the safety related training? Please check all that apply:

- Job Monitoring
- Oral Testing
- Performance Testing
- Written Testing

Other

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D. Professional Competence/Experience

Section D1.

Please fill this section out in its entirety

Number of Field Supervision Staff

Number of Welding Technicians on Staff

Section D2.

Attachment L - Certified Welding Technicians. Please provide a list of the CWTs you have on staff; name and CWT number. (15 percent of field welders must have IAGI CWT certification)

Important note: this information may be shared with IAGI for verification. As part of being an IAGI Approved Installation Contractor you are committing to providing at least one Certified Welding Technician per crew.

Section D3.

Attachment M - Written References Needed. Please provide the letters requested below:

M-1 Written references about a job satisfactorily completed within last 12 months from 2 engineers

M-2 Written references about a job satisfactorily completed within last 12 months from 2 general contractors/ owners.

M-3 Written references stating they are a customer in good standing within the last 12 months from 2 manufacturers of geosynthetic products. (One must be from a geomembrane manufacturer)

To file this document with The Honningford Group, LLC please do the following:

Step 1. Print the entire document by clicking the Print Form button on the next page of this document. If you have the full version of Adobe Acrobat software, you may save this form electronically. If you have Adobe Reader you will be able to enter data into the form, but you cannot save the form with the data intact.

Step 2. Click on the Submit by Email button on the next page of this document. This will electronically submit the information in this form to laurie@honningford.com using your email program. This step saves time processing your AIC application. If you prefer to send your attachments electronically, please name the file with your company name, the year of submission, and the attachment designation i.e.:
COMPANY NAME_2015_AttachmentA.

Step 3. Have your printed copy notarized. Make a photocopy of the notarized application for your records.

Step 4. Mail the original notarized document with the attachment to the address below:

The Honningford Group, LLC
8357 N. Rampart Range Road, Unit 106
PMB #154
Roxborough, CO 80125 USA

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I certify that the above information and information contained in the submittal packet is true and complete to the best of my knowledge.

Authorized Signature _____

Title _____

Date _____

Signed By

Authorized Signature must be notarized:

Signature of Notary

My commission expires on:
