

WACEL

An Association of Engineering Laboratories
Inspection Agencies and Building Officials

APPLICATION FOR MEMBERSHIP

Please print or type. Use additional sheets of paper as necessary.

1. Legal name of applicant firm: _____
2. Firm address: _____
3. Address of Laboratory (if different from mailing address): _____
4. Phone: _____ ext. _____
5. Fax: _____
6. E-mail: _____ Web Site: _____
7. Name of PE in charge of laboratory operations: _____
PE number: _____ State of Registration _____
8. Organizational structure: _____ sole proprietorship _____ partnership _____ professional corporation
_____ business corporation
9. Firm principals, titles and licenses they hold (e.g. PE): _____

10. What year was your firm established? _____
11. Is your firm a branch office of a national firm headquartered elsewhere? _____ Yes
12. A. Location of headquarters: _____
B. Principals of the national firm (please identify licenses, titles, etc.)
C. Identify additional branch or other offices and the names and registration number of Peps in charge of operations in the greater Washington-Baltimore metropolitan area that would be included in WACEL programs. Please use a separate piece of paper for this purpose.



13. Is your firm a district subdivision or subsidiary of another firm? _____ Yes

A. If so, identify the name and address of headquarters operations, nature of its business, business structure, names and titles of principals and the relationship of the headquarters office to your office. Please use a separate piece of paper.

14. What are the marketing areas of the offices applying for WACEL Membership?

15. What is the scope of activities of the office(s) applying for WACEL membership?

- _____ % Concrete Observation/Testing
- _____ % Soil Observation/Testing
- _____ % Steel/Observation/Testing
- _____ % Bituminous Observation/Testing
- _____ % _____
- _____ % _____
- _____ % _____

16. For purposes of establishing dues, please indicate the average number of persons employed by the applicant office(s) in the last 12 month period who, in the normal course of business, are involved in WACEL-applicable activities such as observation and testing, geotechnical, geoenvironmental, and geoscience engineering, office administration, etc. Please complete this number as the sum number of applicable employees, including principals and support staff for each payroll period of the full calendar year divided by the number of payroll periods involved. Your number is: _____.

17. WACEL membership requires that your firm be “an independent organization that is managed and/or supervised by one or more full-time professional engineers and that provides technical testing, observation, and consulting services to its clients in a manner that upholds the ethics of the engineering profession.” Please indicate that your firm complies with this provision by inserting your initial and in initials of the full-time professional engineer in charge of the firm: _____

18. Your signature following this statement indicates that you are authorized to commit your firm to all requirements of WACEL’s Bylaws; that you and your firm are cognizant that WACEL requires as a condition of membership that your firm’s laboratory be accredited by WACEL and other requirements of the WACEL Bylaws, that you agree to the terms and conditions set forth in the Bylaws; and that your organization and its representatives will not take action against WACEL or any of its duly authorized representatives, officers, directors, agents or contractors for fulfilling requirements of the Bylaws:

Signature _____

Date _____

Please include your \$150 application fee in the form of a check payable to WACEL and mail the check with this completed application form and any attachment to: WACEL, 7900 Wisconsin Avenue, Suite 204 Bethesda, MD 20814

Your application fee is refundable if for any reason your application for membership is not approved.