

"National Balancing Council Pre-Application Survey

Note: By submitting this survey you affirm that all information included is true and accurate to the best of your knowledge.

Please rt qxlf g your contact	information.	
Company Name:		
Physical Address:		
City:	ST/Prov	Zip/Zone:
Mailing Address (if different):	
Telephone:	FAX:	
E-mail Address:		
Applicant Name:		
Tell us a little about your co	mpany.	
Number of years in business:	Number of years	in Commercial TAB:
Number of technicians invol-	ved in TAB (including yoursel	f)
Does your company currently	y own any testing and balancin	g tools and instruments?
Yes No		
Do you currently hold any ce	ertifications from other TAB or	ganizations?
Yes No	If yes, which one(s)	

Please briefly describe your firm's prior experience in the TAB field
How did you hear about NBC?
If you decide to pursue NBC certification are you willing to:
Provide at least three (3) references from prior TAB projects?
Yes No
Provide at least three (3) completed balancing reports from TAB projects completed within the past 12 months? Yes No
Show proof of ownership of required TAB instruments and tools, or commit to obaining them in a timely manner? Yes No
Authorized Signature Date
Thank you for your interest in National Balancing Council certification! We are

Thank you for your interest in National Balancing Council certification! We are dedicated to promoting the highest level of integrity, responsibility, and customer service to our contractors. If you share our passion for quality and professionalism we invite you to begin the application process by completing this survey and returning it to us. We will review it promptly and contact you regarding the next step in the application process. You may also include a resume or CV to provide additional information, if desired.

To return you may print this form and mail to the address below. Or you may save it and attach to an email to nbccert@nbctab.org Or you may print out and fax to: 800-653-1851.

National Balancing Council P.O. Box 147 Avon Lake, OH 44012 Ph: 800.633.7058