



AIC Affiliate Qualification Form

Name: _____ Company: _____

Title: _____ Address: _____

Has successfully completed all requirements for completion of the AIC Fab & Install Qualification including the following:

Worker's Compensation Ins. _____

License _____

Environmental Factor _____

OSHA Compliance _____

Signed NDA _____

Safety Plan _____

Water System _____

of Employees - Fabricators _____

of Employees - Installers _____

Certified by quartz manufacturers:

Caesarstone

Neolith

Dekton

Others

General Guidelines

Quality Assurance

Communication

Project Remnant List

AIC Production Package

Warranty Period

Material Utilization

Accounting

Qualifier: _____ Date Completed: _____

AIC would like to thank you for participating in the qualification program including an introduction to all tools and programs available for you, for better results.

Successfully,
AIC Team