



MARBLE

INSTITUTE

of America

**Marble Institute of America
Accreditation Program Application**

**Accredited Natural Stone
Commercial “A” Contractor**

(Heavy Commercial)

About the Accreditation Program

The mission of the accreditation program is:

“To provide excellence in the natural stone industry and recognize companies demonstrating compliance with quality standards, so that the public values, has access to, and benefits from consistent, competent, and safe fabrication, installation and maintenance of natural stone.”

The program was developed by the Marble Institute of America over a three year period and focuses on four primary goals:

- Increase/maintain the competency of the industry, raising the standards and create a greater awareness of safety. At the same time, establish accreditation standards that assure the continued competency of the natural stone industry and recognize companies that achieve them.
- Increase the consistency of practice by promoting consistent quality specifications, workmanship and the current version of the MIA *Dimension Stone Design Manual* as the natural stone industry standards.
- In broad terms, protect the consumer by providing access to companies that are indicative of quality fabrication, installation and sale of natural stone. MIA would serve as a clearinghouse for accredited stone companies.
- Enhance the industry's commitment to the beauty, durability and value of natural stone.

Code of Ethics for Accredited Companies

The fabrication and installation of dimension-cut natural stone should meet MIA and other industry standards as articulated in the MIA Dimension Stone Design Manual and other technical publications, along with courteous and professional customer service. To achieve these goals, we pledge adherence to the following principles and policies:

- Our primary objective is a satisfied and happy customer, be it a homeowner, a building owner, or a design professional.
- We will maintain and conduct business in accordance with fair and honorable standards of competition.
- Honesty, integrity, quality, and professionalism guide our firm's business philosophy.
- High standards of health, safety, and product quality will be incorporated into every installation.
- We shall deal fairly with customers, as well as with our employees, our subcontractors, and our suppliers.
- We encourage research to develop new materials, techniques, tools, and equipment, as well as improved methods of stone fabrication and installation.
- We pledge to assist in the education and product knowledge of our firm's clients and customers (builders, kitchen & bath dealers, architects, designers, and homeowners) before, during, and after installation.
- We shall strive to promote a spirit of cooperation within the industry.

We assume these responsibilities freely and solemnly, mindful that they are continuing conditions to, and part of our obligation as an Accredited Company.

Marble Institute of America Accreditation Program Application

Accredited Natural Stone Commercial “A” Contractor

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Marble Institute of America

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Section 1

General Instructions

Please complete the application form using the spaces provided. Most questions require the applying Company to submit appendices to the application form. If your responses require an amount of space beyond what has been provided, please insert additional pages and make note of this in the application form. For an application to be considered complete, an applicant must do the following:

1. All documentation must be submitted in English.
2. All responses required in the application form must be typed or printed, unless otherwise stated.
3. The applicant must respond to all questions and provide all signatures and documentation requested.
4. The applicant must provide one (1) original and two (2) copies of the application and all supporting documentation. Each copy of the application and supporting documentation must be bound together (such as a three-ring binder or spiral binding).
5. Unless otherwise indicated, the intended Qualifying Agent must provide the signatures requested throughout the application.
6. The applicant must submit the one (1) original and two (2) copies by the application deadline to the address that follows. See the Accreditation System Process and Timeline in Section 5 for current deadlines.

Submit application to:

Accreditation Program Manager
Marble Institute of America
28901 Clemens Road, Suite 100
Cleveland, Ohio 44145

7. The nonrefundable application fee (payable in U.S. dollars) is required with the application. See the Fee Schedule in Section 6 for current fees and fee discounts. The check should be made payable to "The Marble Institute of America". Credit card payments should be made using the "Credit Card Authorization" form included in Section 7.

Failure to comply with the application instructions stated above may result in delay of application review, denial of an application and/or forfeiture of all application fees.

Section 2

Company General Information

Company Information:

Name of Company: _____
Address of Company headquarters office: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
Web Address: _____
Email Address: _____

For purposes of MIA Accreditation, an applicant Company is defined as a legal business entity (such as a corporation, partnership, or sole proprietorship) with or without subsidiaries. In any other case where businesses are legally separate units (such as franchises), each company must individually submit an accreditation application, even when ownership of multiple companies is by one individual.

If the Company (as defined above) has additional facilities, each facility must have a qualifying agent; facilities within the same state or within a 50 mile radius may share a qualifying agent as long as the agent meets the qualifying agent definition for each facility (identified below). Each facility must undergo a site visit. Refer to the Fee Schedule in Section 6 for multiple site fees.

List the additional offices below, including the name of the company/office, address, telephone number and Web address.

Name of Company: _____
Address of Company headquarters office: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
Web Address: _____
Email Address: _____

Name of Company: _____
Address of Company headquarters office: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
Web Address: _____
Email Address: _____

Name of Company: _____
Address of Company headquarters office: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
Web Address: _____
Email Address: _____

Section 2

Intended Qualifying Agent Information:

A Qualifying Agent is the designated company representative responsible for filing and maintaining accreditation records for the applying Company. Qualifying agents must be the owner/principal and/or a member of the Company's senior management team who has as a responsibility the care and control of the product/facility.

The Company must have one qualifying agent; however, there is no limit to the number of qualifying agents a Company has. One examination administration is covered by the initial application fee. The Company is responsible for paying the \$250 (\$350 for non-MIA members) fee for additional tests.

List below the names and contact information for all individuals the Company plans to take the Qualifying Agent examination. List in order of preference the primary qualifying agent and contact to MIA for all accreditation matters. If an individual listed is not successful on the examination, the next listed person will become the primary qualifying agent and MIA contact. The Company may add qualifying agents at a later date.

Primary Qualifying Agent Name: _____

Office: _____

Title: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email Address: _____

Name: _____

Office: _____

Title: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email Address: _____

Name: _____

Office: _____

Title: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email Address: _____

Name: _____

Office: _____

Title: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email Address: _____

Insert additional sheets following this page, if necessary.

Section 3

Company Documentation of Conformance with Accreditation Standards

Standard 1:

Companies are established business entities with the fabrication and/or installation of natural stone as a primary business function.

At this time, accreditation is available only to U.S. and U.S. territory based Companies.

- IA.** Date on which the Company was incorporated (or, if not incorporated, date company was established): _____
- IB.** State in which the Company was incorporated (or, if not incorporated, state in which the Company was established): _____
- IC.** States in which the Company presently has offices/facilities: _____
- ID.** Attach to this application a copy of the first page of annual federal income tax returns for the previous five years (with financial information concealed).
Label the attachment Appendix 1D.
- IE.** Describe and provide contact information for the following types of U.S. and U.S. based territory projects completed by the Company within the previous 5 years.
(NOTE: Site visits will be selected from the projects provided below):
 - 5 mechanically anchored (engineered) exterior cladding installations typically over 30 feet. Each project should have minimum of 10,000 square feet of dimension stone.
 - 3 commercial building lobbies (e.g. floors, walls, etc.). Each project should have minimum of 3,000 square feet of dimension stone.
 - 5 other installations which can include cladding, site work, walls, paving, or large residential projects.
 - 1 ongoing project at time of site visit

Cladding #1 Project Name:

Description: _____

Architect Contact Name: _____
 Title: _____
 Organization: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Fax: _____
 Email Address: _____

General Contractor Contact Name: _____
 Title: _____
 Organization: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Fax: _____
 Email Address: _____

Section 3

Cladding #1 Project Name: (continued)

Building Owner Contact Name: _____
Title: _____
Organization: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
Email Address: _____

Cladding #2 Project Name:

Description: _____

Architect Contact Name: _____
Title: _____
Organization: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
Email Address: _____

General Contractor Contact Name: _____
Title: _____
Organization: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
Email Address: _____

Building Owner Contact Name: _____
Title: _____
Organization: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
Email Address: _____

Cladding #3 Project Name:

Description: _____

Architect Contact Name: _____
Title: _____
Organization: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
Email Address: _____

General Contractor Contact Name: _____
Title: _____
Organization: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
Email Address: _____

Building Owner Contact Name: _____
Title: _____
Organization: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
Email Address: _____

Cladding #4 Project Name:

Description: _____

Architect Contact Name: _____
Title: _____
Organization: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
Email Address: _____

General Contractor Contact Name: _____
Title: _____
Organization: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
Email Address: _____

Building Owner Contact Name: _____
Title: _____
Organization: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
Email Address: _____

Cladding #5 Project Name:

Description: _____

Cladding #5 Project Name: (continued)

Architect Contact Name: _____
Title: _____
Organization: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
Email Address: _____

General Contractor Contact Name: _____
Title: _____
Organization: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
Email Address: _____

Building Owner Contact Name: _____
Title: _____
Organization: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
Email Address: _____

Lobby #1 Project Name:

Description: _____

Architect Contact Name: _____
Title: _____
Organization: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
Email Address: _____

General Contractor Contact Name: _____
Title: _____
Organization: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
Email Address: _____

Building Owner Contact Name: _____
Title: _____
Organization: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
Email Address: _____

Lobby #2 Project Name:

Description: _____

Architect Contact Name: _____
Title: _____
Organization: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
Email Address: _____

General Contractor Contact Name: _____
Title: _____
Organization: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
Email Address: _____

Building Owner Contact Name: _____
Title: _____
Organization: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
Email Address: _____

Lobby #3 Project Name:

Description: _____

Architect Contact Name: _____
Title: _____
Organization: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
Email Address: _____

General Contractor Contact Name: _____
Title: _____
Organization: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
Email Address: _____

Lobby #3 Project Name: (continued)

Building Owner Contact Name: _____
Title: _____
Organization: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
Email Address: _____

Other Installation #1 Project Name:

Description: _____

Architect Contact Name: _____
Title: _____
Organization: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
Email Address: _____

General Contractor Contact Name: _____
Title: _____
Organization: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
Email Address: _____

Building Owner Contact Name: _____
Title: _____
Organization: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
Email Address: _____

Other Installation #2 Project Name:

Description: _____

Architect Contact Name: _____
Title: _____
Organization: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
Email Address: _____

General Contractor Contact Name: _____

Title: _____

Organization: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email Address: _____

Building Owner Contact Name: _____

Title: _____

Organization: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email Address: _____

Other Installation #3 Project Name:

Description: _____

Architect Contact Name: _____

Title: _____

Organization: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email Address: _____

General Contractor Contact Name: _____

Title: _____

Organization: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email Address: _____

Building Owner Contact Name: _____

Title: _____

Organization: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email Address: _____

Other Installation #4 Project Name:

Description: _____

Other Installation #4 Project Name:(continued)

Architect Contact Name: _____
Title: _____
Organization: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
Email Address: _____

General Contractor Contact Name: _____
Title: _____
Organization: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
Email Address: _____

Building Owner Contact Name: _____
Title: _____
Organization: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
Email Address: _____

Other Installation #5 Project Name:

Description: _____

Architect Contact Name: _____
Title: _____
Organization: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
Email Address: _____

General Contractor Contact Name: _____
Title: _____
Organization: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
Email Address: _____

Building Owner Contact Name: _____
Title: _____
Organization: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
Email Address: _____

Ongoing Project - Project Name:

Description: _____

Architect Contact Name: _____
 Title: _____
 Organization: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Fax: _____
 Email Address: _____

General Contractor Contact Name: _____
 Title: _____
 Organization: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Fax: _____
 Email Address: _____

Building Owner Contact Name: _____
 Title: _____
 Organization: _____
 City: _____ State: _____ Zip: _____
 Telephone: _____ Fax: _____
 Email Address: _____

Section 3

Standard 2:
Companies demonstrate sound business performance.

- 2A. Has the Company had to surrender a commercial job for bond within the previous 5 years?
 Yes No
 If Yes, provide explanation. _____

- 2B. Has the Company lost a commercial Law Suit/Litigation for nonperformance in the previous 5 years? Yes No
 If Yes, provide explanation. _____

- 2C. Attach 2 original letters from professional engineering firms (1 from exterior cladding specialty stone engineer; 1 from building engineer or structural engineer of record for a completed project) attesting to the competency of the applicant company. Include photos of jobs completed with in the previous 5 years.
 Label the attachments Appendix 2C.
- 2D. Attach 3 original letters of reference attesting to competency of applicant company from a stone manufacturer for projects referenced in Standard 1.
 Label the attachments Appendix 2D.

Standard 3:

Companies operate ethically and in compliance with all applicable laws and regulations.

- 3A.** Attach a copy of the Company's current business license (if applicable).
Label the attachment Appendix 3A.
- 3B.** Attach a copy of the Company's state contractor license (if required by state).
Label the attachment Appendix 3B.
- 3C.** Provide a signature below attesting that you currently do and will continue to conform to the Accreditation Code of Ethics (listed on the inside cover of this application).

I, the undersigned attest that I am currently and will continue to conform to the Accreditation Code of Ethics.

Signature of Intended Primary Qualifying Agent: _____

Date: _____

Signature of Company Principal/Owner _____

Date: _____

Standard 4:

Companies ensure quality and safe fabrication and installation of their products and services.

- 4A.** Provide a signature below attesting that the Company currently does and will continue to conform to the current version of the *MIA Dimension Stone Design Manual*.

I, the undersigned attest that I am currently and will continue to conform to the *Dimension Stone Design Manual*.

Signature of Intended Primary Qualifying Agent: _____

Date: _____

Signature of Company Principal/Owner _____

Date: _____

- 4B.** Does the Company currently enforce and plan to continue to enforce a Safety policy (including training staff on safe slab handling procedures)?

Yes No

If No, provide explanation. _____

- 4C.** Does the Company currently enforce and plan to continue to enforce HAZMAT/MSDS Policy/ OSHA 300 Log?

Yes No

If No, provide explanation. _____

4D. Does the Company currently enforce and plan to continue to enforce fork-lift, swing scaffold, scissor lift, elevated scaffold, man-lift and fall protection training programs and policies?

Yes No

If No, provide explanation. _____

4E. Has the Company applied for a voluntary OSHA review within the previous 12 months OR had an actual review (voluntary or non-voluntary) and is currently in compliance?

Yes No

If No, provide explanation. _____

4G. Does the Company currently prevent dry grinding without proper ventilation and personal protection equipment?

Yes No

If No, provide explanation. _____

4H. Does the Company currently enforce and plan to continue to enforce general housekeeping and cleanliness of the jobsite?

Yes No

If No, provide explanation. _____

4I. Does the Company currently enforce and plan to continue to enforce a drug testing policy?

Yes No

If No, provide explanation. _____

4J. Has the Company designed (include subcontracted design) project-specific stone hoisting and lifting systems (e.g. stone monorail hoisting systems, engineered scaffold, lewis pins, etc.)?

Yes No

If Yes, provide examples. _____

Standard 5:

Companies have financial resources sufficient to conduct stated business in a safe and effective manner.

5A. Attach a letter of surety with bonding capacity confirming the payment and performance bonding level is at least \$5 million.
Label the attachment Appendix 5A.

Standard 6:

Companies have competent human resources to conduct their stated business in a safe and effective manner.

6A. Does the Company currently enforce and plan to continue to enforce systems, policies and/or procedures that are in place to ensure staff competence to perform assigned duties, including:

- New staff orientation/training,
- Employee handbook, and
- Current apprenticeship, skill or trade development program

Yes No

If No, provide explanation. _____

6B. Attach two original letters of personal references for the Company's qualifying agent from a natural stone professional not within your business.

Label the attachment Appendix 6B

6C. Attach a document describing at least 10 years of the Company's qualifying agent's Commercial experience (within the previous 20 years). Document should include, but not be limited to the information below.

Label the Attachment 6C

Whether or not you are an owner/principal and/or a member of the Company's senior management team:

Job Title: _____

Education: _____

Employment History: _____

Position responsibilities and major accomplishments at current position: _____

6D. Attach a document substantiating at least one employee's experience as a commercial natural stone project manager for at least 5 years within the previous 10 years. Label this attachment Appendix 6D. Attach a document substantiating at least one employee's experience as a commercial natural stone field superintendent for at least 10 years within the previous 15 years.

Standard 7:

Companies accurately represent the expertise, experience, credentials, and services of their Company and their employees to the public.

7A. Attach some of the Company's current promotional materials (brochures, company Website address, yellow pages advertisement) or other materials describing the services offered by the Company. Label this attachment Appendix 7A.

7B. Attach a list the Company's memberships in trade associations, chambers of commerce, etc. Label this attachment Appendix 7B

7C. Has the Company ever had any complaints filed against it with the Better Business Bureau?

Yes No

If Yes, provide explanation. _____

Standard 8:

Companies demonstrate sound business and trade practices, including written contracts and comprehensive insurance policies.

8A. Does the Company implement and plan to continue to implement job control and work order systems including at minimum the following elements: change order tracking system; project name and numbering system; job cost tracking system; correspondence files; and, project verification/close-out systems?

Yes No

If No, provide explanation. _____

8B. Does the Company implement and plan to continue to implement a complaint resolution process?

Yes No

If No, provide explanation. _____

8C. Attach current certificates of insurance (or letter from agent or broker) for the following:
Label attachments as Appendix 8C.

- Product Liability
- Professional Liability
- General Liability (\$1M min single / \$2M ag. min)
- Property
- Vehicle/Equipment
- Workers Compensation
- Umbrella Policies
- Inland Marine

8D. Does the Company comply with state requirements for archival standards for record storage (e.g. documents and drawings)?

Yes No

If No, provide explanation. _____

Standard 9:

Companies honor warranties and educate consumers with ongoing maintenance requirements.

9A. Does the Company provide clients with warranties and ongoing maintenance requirements?

Yes No

If No, provide explanation. _____

Section 4

Company Verification of the Authenticity and Completeness of Application Information

We, the undersigned, are authorized representatives of the Company and agree that to the best of our knowledge, all information contained and supporting documentation in this application are true and not misleading, that all of the information in this application and supporting documentation is accurate and complete, and that we reasonably and in good faith believe that the requirements have been fulfilled.

We agree that the Company currently complies with and will continue to comply with and maintain the Standards for MIA-Accredited Companies at all times during the period of accreditation. We further agree that we will submit an annual accreditation report and associated fees, and that if there are substantive changes to the Company, including but not limited to a name change, transfer of ownership, bankruptcy, qualifying agent departure, or situations that bring the Company into non-conformance of one or more of the program standards, we will notify the MIA accreditation program director in writing within 30 days of the change.

Signature of Principal/Officer of Company: _____

Print Name: _____

Title: _____

Name of Company: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Signature of Principal/Officer of Company: _____

Print Name: _____

Title: _____

Name of Company: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Section 5

Accreditation System Process and Timeline

Process

- Attend an optional workshop or training seminar on accreditation process standards, and application
- Request accreditation application (accompanied by payment of non-refundable application fee)
- Complete the written application and provide supporting documentation
- Pay the Application Review Fee
- The Qualifying Agent must take and pass the accreditation exam
- Host a site visit to assure compliance with accreditation standards
- Comply with ongoing accreditation maintenance requirements

Timeline

From the date that a company requests an application, they have one year to return the completed application. The Qualifying Agent will have one year from the date that the application is approved to pass the exam. The company will have one additional year from the date that the exam is passed to complete the site visit.

Section 6

Schedule of Fees and Discounts

SINGLE APPLICATION

Commercial “A” Contractor

<u>MIA Member</u>	<u>Non MIA Member</u>	<u>Description</u>
\$250	\$500	Application Request Fee
+ \$2250	+\$2750	Application Processing Fee
+ \$750	+\$750	Site Visitor Fee
<u>+ Travel Expenses</u>	<u>+Travel Expenses</u>	Site Visitor Travel Expenses
\$3250 +*	\$4000 +*	*Site Visitor Travel Expenses

MULTIPLE APPLICATIONS

These examples are for two types of accreditation only, if you would like information on pricing for 3 or more companies please contact the MIA.

Natural Stone Fabricator + Commercial A Contractor

<u>MIA Member</u>	<u>Non MIA Member</u>	<u>Description</u>
\$250	\$500	Application Request Fee
+\$250	+\$500	Application Request Fee
+\$1250	+\$1650	Application Processing Fee
+\$2000	+\$2500	Application Processing Fee
+\$750	+\$750	Site Visitor Fee
+\$750	+\$750	Site Visitor Fee
<u>+Travel Expenses</u>	<u>+Travel Expenses</u>	Site Visitor Travel Expenses
\$5250 +*	\$6650 +*	*Site Visitor Travel Expenses

ADDITIONAL FEE INFORMATION

- **Request Application Fee** (non-refundable – applied towards submission fee)
Member: \$250 Non-Member: \$500
- **Application Review Fee** (paid prior to taking exam)
Member: \$2250 (total of \$2500 minus \$250 Request Application Fee)
Non-Member: \$2750 (total of \$3250 minus \$500 Request Application Fee)
- **Companies that apply for multiple locations will have a reduced fee.**
(again, see comments regarding fee differentials made earlier)
- **Additional Qualifying Agent Examination Fee**
Member: \$250 Non-Member: \$350
- **Retake Examination Fee**
Member: \$250 Non-Member: \$350
- **Site Visit Fee** (plus direct travel expenses)
\$750
- **Annual Renewal Fee**
Member: \$250 Non-Member: \$500

Section 7 Payment Forms

Upon receipt, review, and approval of this application and non-refundable “request application fee”, the “application review fee” payment is required prior to taking the exam. One qualifying agent examination fee is included as part of the application review fee. Please indicate if additional individuals will also be taking the exam.

Use the payment form below to indicate how payment should be processed for the “application review fee:”

Application Review Fee

MIA Members: \$2,250 Non-MIA Members: \$2,750 (includes 1 qualifying agent examination fee)

Application Review Fee \$ _____

Contact the Marble Institute if you are submitting applications for multiple locations and/or applying for both the commercial contractor and residential fabricator accreditation programs for information about reduced fees.

Additional Qualifying Agent Exam Fee(s)

MIA Members: \$250 Non-MIA Members: \$350

_____ X \$ _____ = _____

Number of Additional Qualifying Agent Exam Fees Member/Non-Member Price Total

TOTAL: \$ _____

Application Approval + Qualifying Agent Fees

Complete Contact Information

Contact Name: _____

Company Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Country: _____

Phone: _____ FAX: _____

E-mail: _____

Select Form of Payment

MasterCard VISA AmEx Check (Payable to Marble Institute of America)

Credit Card No.: _____ Expiration: _____

Verification Code (on front of AmEx, on back of VISA or MC): _____

Name on Card: _____

If credit card billing address is different from shipping address, please identify the following:

Address: _____

City: _____ State: _____ ZIP: _____

If paying by check, mail payment to: **Marble Institute of America**

28901 Clemens Road • Suite 100 • Cleveland, OH 44145

Phone: 440.250.9222 • **Fax: 440.250.9223**

Section 8 Appeals

A company must submit a written request of appeal to the Appeals Commission Chair within 30 days of receipt of the notice that their application for accreditation has been denied. Upon receipt of written request for appeal, MIA staff will send an acknowledgement letter to the appellate company. Appeals will be limited to a review of the written record and will not involve a hearing. The Appeals Committee will review the written record and render a final written decision within 60 days of receiving of the appeal.

SAMPLE

SAMPLE



MARBLE
INSTITUTE
of America

Marble Institute of America
28901 Clemens Road • Suite 100
Cleveland, OH 44145-1166 USA
Phone: 440.250.9222 • Fax: 440.250.9223