Marble Institute of America
Accreditation Program Application

Accredited Natural Stone
Commercial “B” Contractor
(Light Commercial)

Thank You to Our Accreditation Program Sponsors
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.
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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 or provide all pages and appendices in one PDF. Each copy of the application and supporting documentation must be bound together (such as a three-ring binder or spiral binding) unless submitting in PDF format.

5. Unless otherwise indicated, the intended Qualifying Agent must provide the signatures requested throughout the application.

6. The applicant must submit the application, by the 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
380 E. Lorain Street
Oberlin, OH 44074

7. The nonrefundable application fee of $250 ($500 for non-MIA members) (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/Province: ________________ 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 province or within a 50 mile radius may share a qualifying agent as
long as the agent meets the qualifying agent definition for each facility. 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/Province: ________________ ZIP: __________
Telephone: _______________________ Fax: ________________________________
Web Address: __________________________________________________________________
Email Address: ________________________________________________________________

Name of Company: ____________________________________________________________
Address of Company headquarters office: __________________________________________
City: ___________________________ State/Province: ________________ ZIP: __________
Telephone: _______________________ Fax: ________________________________
Web Address: __________________________________________________________________
Email Address: ________________________________________________________________

Name of Company: ____________________________________________________________
Address of Company headquarters office: __________________________________________
City: ___________________________ State/Province: ________________ ZIP: __________
Telephone: _______________________ Fax: ________________________________
Web Address: __________________________________________________________________
Email Address: ________________________________________________________________
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/Province: __________________ ZIP: _____________
Telephone: _______________________ Fax: ______________________________
Email Address: ________________________________________________________________

Name: ___________________________________________________________________________

Office: __________________________________________________________________________

Title: __________________________________________________________________________

City: __________________________ State/Province: __________________ ZIP: _____________
Telephone: _______________________ Fax: ______________________________
Email Address: ________________________________________________________________

Name: ___________________________________________________________________________

Office: __________________________________________________________________________

Title: __________________________________________________________________________

City: __________________________ State/Province: __________________ ZIP: _____________
Telephone: _______________________ Fax: ______________________________
Email Address: ________________________________________________________________

Name: ___________________________________________________________________________

Office: __________________________________________________________________________

Title: __________________________________________________________________________

City: __________________________ State/Province: __________________ 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., U.S. territory and Canadian based companies.

1A. Date on which the Company was incorporated (or, if not incorporated, date company was established): ______________________________________

1B. State or province in which the Company was incorporated (or, if not incorporated, state or province in which the Company was established): ______________________________________

1C. States or provinces in which the Company presently has offices/facilities: ______________________________

1D. 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.

1E. Describe and provide contact information for the following types of U.S., U.S. territory and Canadian based projects completed by the Company within the previous 5 years. (NOTE: Site visits will be selected from the projects provided below):

- Either 3 cladding installations (non-engineered) typically under 30 feet high. Each project should have minimum of 3,000 square feet of dimension stone.

- Or 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 the time of the site visit.

Cladding #1 Project Name:
Description: ____________________________________________________________

Architect Contact Name: ________________________________________________
Title: ________________________________________________________________
Organization: __________________________________________________________
City: ___________________________ State/Province: ______________________ ZIP: ___________
Telephone: ___________________________ Fax: ____________________________
Email Address: ________________________________________________________
Cladding #1 Project Name: (continued)

General Contractor Contact Name: ______________________________________________________
Title: _______________________________________________________________________________
Organization: _________________________________________________________________________
City: ___________________ State/Province: ___________________ ZIP: ___________________
Telephone: ___________________ Fax: ___________________
Email Address: _________________________________________________________________

Building Owner Contact Name: ______________________________________________________
Title: _______________________________________________________________________________
Organization: _________________________________________________________________________
City: ___________________ State/Province: ___________________ ZIP: ___________________
Telephone: ___________________ Fax: ___________________
Email Address: _________________________________________________________________

Cladding #2 Project Name:

Description: _________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Architect Contact Name: _______________________________________________________________
Title: _______________________________________________________________________________
Organization: _________________________________________________________________________
City: ___________________ State/Province: ___________________ ZIP: ___________________
Telephone: ___________________ Fax: ___________________
Email Address: _________________________________________________________________

General Contractor Contact Name: ______________________________________________________
Title: _______________________________________________________________________________
Organization: _________________________________________________________________________
City: ___________________ State/Province: ___________________ ZIP: ___________________
Telephone: ___________________ Fax: ___________________
Email Address: _________________________________________________________________

Building Owner Contact Name: ______________________________________________________
Title: _______________________________________________________________________________
Organization: _________________________________________________________________________
City: ___________________ State/Province: ___________________ ZIP: ___________________
Telephone: ___________________ Fax: ___________________
Email Address: _________________________________________________________________
Cladding #3 Project Name:
Description: _________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
Architect Contact Name: _______________________________________________________________
Title: _______________________________________________________________________________
Organization: _________________________________________________________________________
City: ______________________________  State/Province: __________________  ZIP: _____________
Telephone: ________________________  Fax: ________________________________
Email Address: _______________________________________________________________________

General Contractor Contact Name: ______________________________________________________
Title: _______________________________________________________________________________
Organization: _________________________________________________________________________
City: ______________________________  State/Province: __________________  ZIP: _____________
Telephone: ________________________  Fax: ________________________________
Email Address: _______________________________________________________________________

Building Owner Contact Name: _________________________________________________________
Title: _______________________________________________________________________________
Organization: _________________________________________________________________________
City: ______________________________  State/Province: __________________  ZIP: _____________
Telephone: ________________________  Fax: ________________________________
Email Address: _______________________________________________________________________

Other Installation #1 Project Name:
Description: _________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
Architect Contact Name: _______________________________________________________________
Title: _______________________________________________________________________________
Organization: _________________________________________________________________________
City: ______________________________  State/Province: __________________  ZIP: _____________
Telephone: ________________________  Fax: ________________________________
Email Address: _______________________________________________________________________

Section 3
Other Installation #1 Project Name: (continued)

General Contractor Contact Name: ______________________________________________________________
Title: ___________________________________________________________________________________
Organization: __________________________________________________________________________
City: __________________________ State/Province: __________________ Zip: __________
Telephone: __________________________ Fax: __________________________
Email Address: __________________________________________________________________________

Building Owner Contact Name: ______________________________________________________________
Title: ___________________________________________________________________________________
Organization: __________________________________________________________________________
City: __________________________ State/Province: __________________ Zip: __________
Telephone: __________________________ Fax: __________________________
Email Address: __________________________________________________________________________

Other Installation #2 Project Name:

Description: ____________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________
______________________________________________________________________________________

Architect Contact Name: ________________________________________________________________
Title: ___________________________________________________________________________________
Organization: __________________________________________________________________________
City: __________________________ State/Province: __________________ Zip: __________
Telephone: __________________________ Fax: __________________________
Email Address: __________________________________________________________________________

General Contractor Contact Name: _________________________________________________________
Title: ___________________________________________________________________________________
Organization: __________________________________________________________________________
City: __________________________ State/Province: __________________ Zip: __________
Telephone: __________________________ Fax: __________________________
Email Address: __________________________________________________________________________

Building Owner Contact Name: ____________________________________________________________
Title: ___________________________________________________________________________________
Organization: __________________________________________________________________________
City: __________________________ State/Province: __________________ Zip: __________
Telephone: __________________________ Fax: __________________________
Email Address: __________________________________________________________________________
### Other Installation #3 Project Name:

Description: 

______________________________________________________________________________  
______________________________________________________________________________  
______________________________________________________________________________  
______________________________________________________________________________  

Architect Contact Name: ____________________________________________________________  
Title: ________________________________________________________________________  
Organization: ___________________________________________________________________  
City: __________________________ State/Province: __________________ ZIP: ____________  
Telephone: _____________________ Fax: ___________________  
Email Address: __________________________________________________________________

General Contractor Contact Name: ____________________________________________________  
Title: ________________________________________________________________________  
Organization: ___________________________________________________________________  
City: __________________________ State/Province: __________________ ZIP: ____________  
Telephone: _____________________ Fax: ___________________  
Email Address: __________________________________________________________________

Building Owner Contact Name: ________________________________________________________  
Title: ________________________________________________________________________  
Organization: ___________________________________________________________________  
City: __________________________ State/Province: __________________ ZIP: ____________  
Telephone: _____________________ Fax: ___________________  
Email Address: __________________________________________________________________

### Other Installation #4 Project Name:

Description: 

______________________________________________________________________________  
______________________________________________________________________________  
______________________________________________________________________________  
______________________________________________________________________________  

Architect Contact Name: ____________________________________________________________  
Title: ________________________________________________________________________  
Organization: ___________________________________________________________________  
City: __________________________ State/Province: __________________ ZIP: ____________  
Telephone: _____________________ Fax: ___________________  
Email Address: __________________________________________________________________
Other Installation #4 Project Name: (continued)

General Contractor Contact Name: ______________________________________________________
Title: _______________________________________________________________________________
Organization: _________________________________________________________________________
City: ______________________________ State/Province: ________________ ZIP: _____________
Telephone: ______________________________ Fax: ______________________________________________________________________________
Email Address: _______________________________________________________________________

Building Owner Contact Name: _________________________________________________________
Title: _______________________________________________________________________________
Organization: _________________________________________________________________________
City: ______________________________ State/Province: ________________ ZIP: _____________
Telephone: ______________________________ Fax: ______________________________________________________________________________
Email Address: _______________________________________________________________________

Ongoing Project - Project Name:

Description: _________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Architect Contact Name: _______________________________________________________________
Title: _______________________________________________________________________________
Organization: _________________________________________________________________________
City: ______________________________ State/Province: ________________ ZIP: _____________
Telephone: ______________________________ Fax: ______________________________________________________________________________
Email Address: _______________________________________________________________________

General Contractor Contact Name: ______________________________________________________
Title: _______________________________________________________________________________
Organization: _________________________________________________________________________
City: ______________________________ State/Province: ________________ ZIP: _____________
Telephone: ______________________________ Fax: ______________________________________________________________________________
Email Address: _______________________________________________________________________

Building Owner Contact Name: _________________________________________________________
Title: _______________________________________________________________________________
Organization: _________________________________________________________________________
City: ______________________________ State/Province: ________________ ZIP: _____________
Telephone: ______________________________ Fax: ______________________________________________________________________________
Email Address: _______________________________________________________________________
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 5 original letters of client recommendations with photos of jobs completed with in the previous 5 years attesting to the competency of the applicant company. The letters must be from 2 Architects, 2 general contractors and 1 consultant. Label the attachments Appendix 2C.

2D. Attach 3 original letters of reference from a stone manufacturer or distributor. 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 or province contractor license (if required by state or province). 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).

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 (or workers compensation boards of Canada applicable injury reporting logs)?

☐ Yes  ☐ No
If No, provide explanation. ______________________________________________________

4D. Does the Company currently enforce and plan to continue to enforce a Fork Lift Training Program and policies?

☐ 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.
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: ______________
_____________________________________________________________________________
_____________________________________________________________________________

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

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/Province: __________ ZIP: __________
Telephone: __________________________

Signature of Principal/Officer of Company: ________________________________________________
Print Name: __________________________________________________________________________
Title: ______________________________________________________________________________
Name of Company: _____________________________________________________________________
City: __________________________ State/Province: __________ ZIP: __________
Telephone: __________________________
Section 5
Accreditation System Process and Timeline

Process

• Attend an optional accreditation immersion course.
• Request accreditation application (accompanied by payment of non-refundable application request 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**

<table>
<thead>
<tr>
<th>MIA Member</th>
<th>Non MIA Member</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>$250</td>
<td>$500</td>
<td>Application Request Fee</td>
</tr>
<tr>
<td>+ $1500</td>
<td>+$1900</td>
<td>Application Processing Fee</td>
</tr>
<tr>
<td>+ $750</td>
<td>+$750</td>
<td>Site Visitor Fee</td>
</tr>
<tr>
<td>+ Travel Expenses</td>
<td>+Travel Expenses</td>
<td>Site Visitor Travel Expenses</td>
</tr>
<tr>
<td>$2500</td>
<td>+*</td>
<td>*Site Visitor Travel Expenses</td>
</tr>
</tbody>
</table>

**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 “B” Contractor**

<table>
<thead>
<tr>
<th>MIA Member</th>
<th>Non MIA Member</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>$250</td>
<td>$500</td>
<td>Application Request Fee</td>
</tr>
<tr>
<td>+ $250</td>
<td>+$500</td>
<td>Application Request Fee</td>
</tr>
<tr>
<td>+ $1250</td>
<td>+$1650</td>
<td>Application Processing Fee</td>
</tr>
<tr>
<td>+ $1250</td>
<td>+$1650</td>
<td>Application Processing Fee</td>
</tr>
<tr>
<td>+ $750</td>
<td>+$750</td>
<td>Site Visitor Fee</td>
</tr>
<tr>
<td>+ $750</td>
<td>+$750</td>
<td>Site Visitor Fee</td>
</tr>
<tr>
<td>+Travel Expenses</td>
<td>+Travel Expenses</td>
<td>Site Visitor Travel Expenses</td>
</tr>
<tr>
<td>$4500</td>
<td>+*</td>
<td>*Site Visitor Travel Expenses</td>
</tr>
</tbody>
</table>

**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: $1500 (total of $1750 minus $250 Request Application Fee)
  - Non-Member: $1900 (total of $2400 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**

<table>
<thead>
<tr>
<th>Membership Status</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>MIA Members</td>
<td>$1,500</td>
</tr>
<tr>
<td>Non-MIA Members</td>
<td>$1,900</td>
</tr>
</tbody>
</table>

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)**

<table>
<thead>
<tr>
<th>Membership Status</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>MIA Members</td>
<td>$250</td>
</tr>
<tr>
<td>Non-MIA Members</td>
<td>$350</td>
</tr>
</tbody>
</table>

\[
\text{Number of Additional Qualifying Agent Exam Fees} \times \text{Member/Non-Member Price} = \text{Total}
\]

**Complete Contact Information**

Contact Name: _______________________________________________________________________
Company Name: _____________________________________________________________________
Address: ____________________________________________________________________________
City: ______________________________ State/Province: ________________ ZIP: _____________
Telephone: ______________________________ Fax: ______________________________
Email Address: _______________________________________________________________________

**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/Province: ________________ ZIP: _____________

If paying by check, mail payment to: **Marble Institute of America**
380 E. Lorain Street • Oberlin, OH 44074
Phone: 440.250.9222 • Fax: 440.774.9222
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.