



National Balancing Council, Inc. 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 retype your contact information.

Company Name: _____

Physical Address: _____

City: _____ ST/Prov _____ Zip/Zone: _____

Mailing Address (if different): _____

Telephone: _____ FAX: _____

E-mail Address: _____

Applicant Name: _____

Alternate Contact Name: _____

Tell us a little about your company.

Number of years in business: _____ Number of years in Commercial TAB: _____

Number of technicians involved in TAB (including yourself) _____

Does your company currently own any testing and balancing tools and instruments?

Yes No

Do you currently hold any certifications from other TAB organizations?

Yes No If yes, which one(s) _____

Please briefly describe your firm's prior experience in the TAB field

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 in the past 12 months? Yes No

Show proof of ownership of required TAB instruments and tools, or commit to provide them in a timely manner? Yes No

Authorized Signature Date

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
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