National Institute of Steel Detailing
Application for Individual Detailer Certification

Classification:
☐ Senior Detailer – Class I: Minimum 10 years experience including checking
☐ Detailer – Class II: Minimum 5 years experience

Disciplines:
☐ Structural/Miscellaneous
☐ Bridge

Submit:
• Experience history, and
• Either a letter of recommendation from a steel fabricator, a Certified Class I detailer, or a NISD National Director.
When your application is processed, you will receive a sample test and a list of publications to study for the test.

<table>
<thead>
<tr>
<th>IDC Test Fee Schedule</th>
<th>At time of application + 10 days prior to test + virtual proctor fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>NISD N. American Members -</td>
<td>$100.00 + $200.00 + $15.00</td>
</tr>
<tr>
<td>Non-Members in N. America -</td>
<td>$200.00 + $300.00 + $15.00</td>
</tr>
<tr>
<td>Overseas Members -</td>
<td>$150.00 + $200.00 + $15.00</td>
</tr>
<tr>
<td>Non-Members Overseas -</td>
<td>$250.00 + $300.00 + $15.00</td>
</tr>
</tbody>
</table>

Personal Information:
First Name: _____________________________ Last Name: _____________________________
NISD Member: yes ☐ no ☐ Last 4 digits of SS# or SIN#: _____________________________
Home Address: ________________________________________________________________
City: _____________________________ State/Province: _____________________________
Zip/Postal Code: _____________________________ Country: _____________________________
Telephone #: _____________________________ E-mail: _____________________________

Current Employer [if applicable] ______________________________________________________
Business Address: ________________________________________________________________
City: _____________________________ State/Province: _____________________________
Zip/Postal Code: _____________________________ Country: _____________________________
Telephone #: _____________________________ E-mail: _____________________________

Indicate which address [no P.O. Box] is best to receive IDC materials: Home ☐ Employer ☐

Method of Payment: Check ☐ Visa ☐ Mastercard ☐

Make check payable & send to: NISD, Inc., 2600 Kitty Hawk Rd., Suite 117
Livermore, CA 94551

Credit Card Information: Credit Card #: _____________________________ Expiration Date: __________
Name as it appears on card: ______________________________________________________
Signature: _______________________________________________________________________

For more information: Visit our website at www.nisd.org or send us an e-mail at nisd@sbcglobal.net

Rev. 12-2020

Re-certification is required every 3 years