

VALVE REPAIR COUNCIL MEMBERSHIP APPLICATION

The undersigned hereby applies for membership in the Valve Repair Council, to become effective at such date as this application may be acted on in accord with the VRC Bylaws:

A. Applicant for membership must complete the application form in full and must submit it along with a copy of material indicated in the company background form.

B. Independent valve rebuilders and users must have their authorizing original equipment manufacturer (OEM), who must be a member of the Valve Manufacturers Association of America (VMA), sponsor their application by writing a letter confirming they meet the membership criteria and there exists, between them, a contractual agreement. Letter should also include contractual agreement expiration date.

C. The applicant's facility must be visited by the VRC's independent auditor to confirm they are in compliance with membership criteria and recommend to the Board whether or not membership should be approved.

D. Membership must be ratified by two-thirds majority of the VRC Board.

E. Independent valve rebuilders who lose their OEM authorization status will have their membership in the VRC terminated if this loss is based on violation of the membership criteria and their dues will be reimbursed on a prorated basis.

In the event that this application is accepted by the Director of the Council, we agree that we shall be bound by the constitution and by-laws of the Council.

Signed By _____ Title _____

Company _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____

Phone _____ Fax _____

Website _____ Email _____

If you are an independent facility, please indicate which VMA member company is sponsoring your membership:

VMA Member Company: _____

Individual _____

COMPANY BACKGROUND INFORMATION

Please provide the following information when submitting this application for VRC membership:

1. COMPANY IDENTIFICATION

Upon acceptance of your application, the following information will be used internally by the VRC:

Company Name: _____

Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Phone: _____ Fax: _____ Website: _____

2. COMPANY MANAGEMENT

Please provide names of management personnel:

Chief Executive Officer

Name: _____

Title: _____

Email _____

Individual Responsible for Repair Function

Name: _____

Title: _____

Email: _____

3. HISTORY AND COMPANY BACKGROUND

A. Company Founded (year) _____ If incorporated, where _____

B. Repair Facilities:

Location	Employment Level
_____	_____
_____	_____
_____	_____
_____	_____

C. Parent Company _____

Proposed Representative to VRC

Name: _____

Title: _____

Email: _____

4. MEMBERSHIP CRITERIA

To qualify for membership a company must meet the criteria listed below. Please indicate whether or not your company meets the stated criteria:

	Yes	No
A. Operated a valve or actuator repair facility for a minimum of two years	<input type="checkbox"/>	<input type="checkbox"/>
B. Rebuild to original manufacturers' specifications	<input type="checkbox"/>	<input type="checkbox"/>

- C. Use OEM parts or parts manufactured to OEM specifications
- D. Adhere to written quality control procedures appropriate to the markets served and acceptable to the VRC (provide copy)
- E. Use service personnel qualified in accordance with written requirements of manufacturers whose valves and actuators they are authorized to repair
- F. Permanently tag repaired valves and actuators to indicate that the valves and actuators are repaired, by whom and when. When alteration to OEM specifications has occurred the original descriptive information shall be replaced with current information
- G. Provide written warranty covering materials and and workmanship (Provide copy)
- H. Retain adequate records of all service work performed. Such records must include information on whether or not SEM parts were used. The records must be available for review by the customers who requested the work
- I. Carry appropriate product liability insurance (Name of Carrier _____)
- J. Is NOT engaged in the purchase and resale of surplus valves or actuators (defined a valves or actuators that have left the OEM's distribution chain), or have a subsidiary or affiliate that engages in the purchase and resale of surplus valves, or actuators except in the cases of:
1. Very limited quantities of valves or actuators purchased for a customer emergency situation only after the repair facility has diligently attempted to purchase new valves and actuators from the OEM or distributor thereof and has been unable to obtain timely delivery
2. Valves or actuators originally manufactured and repurchased by the OEM to be repaired for resale
3. Valves or actuators purchased and repaired as authorized by an OEM for resale
5. PLEASE INCLUDE A COPY OF ANY BROCHURE OR SIMILAR MATERIAL DESCRIBING YOUR REPAIR OPERATION.

PLEASE PRINT OUT THE FORM AND MAIL OR FAX TO:
 Marc Pasternak, Executive Director
 Valve Repair Council
 1050 17th Street, NW, Suite 280
 Washington, DC 20036
 202.331.0104 phone; 202.296.0378 fax