

INSTRUCTIONS

The applicant must complete both Sections A and B of this form and then forward the form to the respondent, who is to use Section C to verify the statements made in Section B. See instruction sheet for detailed explanation. Make photocopies of this form as necessary for multiple employers.

SECTION A - to be completed by the applicant

1. Name of Applicant _____ Last 4 digits SSN _____
 Address _____ City _____ State _____ Zip _____
 Applicant Preferred Contact Phone _____ Home Work Cell
 Applicant Current Employer _____

<u>Education:</u>	YES	NO
A. <u>Concrete Strength Testing Technician Training Course</u> Did you attend a full training course? <input type="checkbox"/> <input type="checkbox"/> Date _____ Location _____	<input type="checkbox"/>	<input type="checkbox"/>
B. <u>Aggregate Testing Technician - Level 1 Training Course</u> Did you attend a full training course? <input type="checkbox"/> <input type="checkbox"/> Date _____ Location _____	<input type="checkbox"/>	<input type="checkbox"/>
C. <u>Concrete Laboratory Testing Technician - Level 2 Training Course</u> Did you attend a full training course? <input type="checkbox"/> <input type="checkbox"/> Date _____ Location _____	<input type="checkbox"/>	<input type="checkbox"/>
D. <u>College, Technical/Trade School Education</u> Transcript or diploma with official description of relevant courses is attached? <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I authorize those whom I have given as references to furnish to the American Concrete Institute or its agents information concerning my work experience and other background relevant to the stated requirements of the American Concrete Institute certification programs. I agree to release and hold harmless any individual, company or institution, including the American Concrete Institute, and any person connected therewith from liability imposed by law in furnishing such information.

I understand that untruths of misrepresentation contained here-in constitute grounds for denial of certification.

 Signature of Applicant Date _____

 Print Name

SECTION B - to be completed by the applicant

2. Employer (during time period in question) _____
 From _____ to _____ Total _____ Job title or description _____
 month & year month & year Net # of months
 Employer Address _____ City _____ State _____ Zip _____

3. Name of Respondent verifying work experience _____ Title _____
 During this time period, the relationship of the respondent to me (applicant) was:
 Supervisor Employer Other - Please explain _____

