

**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 the *Technician Workbook* for complete instructions.

**SECTION A - to be completed by the applicant**

1. Name of Applicant \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Present Employer \_\_\_\_\_ Employer Phone \_\_\_\_\_

	YES	NO
<b>Education:</b>		
A. <u>Lab Grade I Training Course</u>		
Did you attend the full training course?	<b>G</b>	<b>G</b>
Date _____ Location _____		
B. <u>Lab Grade II Training Course</u>		
Did you attend the full training course?	<b>G</b>	<b>G</b>
Date _____ Location _____		
C. <u>College, Technical/Trade School Education</u>		
Transcript or diploma with official description of relevant courses is attached?	<b>G</b>	<b>G</b>

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**

Employer (during time period in question) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Applicant's Job Title (during this time period) \_\_\_\_\_

**SECTION B - continued**

Duration of Employment: From \_\_\_\_\_ to \_\_\_\_\_ = \_\_\_\_\_  
month & year month & year Net # of months employed

Of the time reported above, how many hours have been in laboratory testing of concrete and concrete aggregates?

\_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_  
Total # of months employed Average # of hours per month Total # of hours

Name of Respondent (person verifying above work experience) \_\_\_\_\_

Present Employer \_\_\_\_\_ Title \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ **G** Work **G** Home

**SECTION C - to be completed by the respondent**

**To the respondent:** Please examine all of the information provided by the applicant in Section B. You are being asked to verify work experience in order for this application to meet qualifications for certification as an ACI Concrete Laboratory Testing Technician — Grade II. Please note that the disclaimer signed by the applicant in Section B above releases you from civil liability in regard to statements, provided to the best of your knowledge, about the applicant, and establishes that the applicant is freely requesting that you provide this information.

The information provided in Section B is:

- G** correct as stated
- G** correct as modified. (Take note of stated dates and time periods, job responsibilities, etc., and correct any and all inconsistencies and ambiguities by writing in corrections in Section B)

In the time period listed in section B, #4, I would characterize the applicant's job performance as:

- G** Satisfactory
- G** Unsatisfactory

**NOTE:** If "unsatisfactory" is checked, explain reasons in detail below.

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**Respondent signs below:**

I have honestly evaluated the information being submitted on this form by the applicant. I have supplied whatever modifications may have been necessary to make all statements here-in conform to the truth, to the best of my knowledge. I submit this form in the belief that it contains no misrepresentations whatsoever.

\_\_\_\_\_  
Signature of Respondent Date

\_\_\_\_\_  
Print Name Title

\_\_\_\_\_  
Present Employer Employer Telephone

**IMPORTANT NOTE TO RESPONDENT:**

The applicant should not see this form after you have filled out Section C.  
**Return the completed form to the applicant in a sealed envelope.**