

Flatwork Finisher Client Affidavit

(Self-Employed Candidates)

See attached instructions.

For the Certification Candidate:

Name:	Last four digits of SSN:				
Address:	Cit	y:	State:	Zip:	
Phone #:		Email:			
Customer/Client/Owner					
Project Name:		Location:			
Project Dates:	Start Date:(Month/Year)	Start Date: Completed Date: (Month/Year) (Month/Year)			
Project Type:	Residential	Commercial	Industrial	Paving	
	Other (Please describ	oe)			
work experience and oth harmless any individual, o	have given as references to furnish to the er background relevant to the stated company or institution, including the A on. I understand that untruths or misro	requirement of the ACI certif CI, and any persons connecte	fication programs. Ed therewith from	I agree to release and hold liability imposed by law in	
I hereby certify that all a	bove information is accurate to the	best of my knowledge.			
Candidate's Signature:		Date:			
	Candidate, please provide thi	is form to the Customer or Client lis	ted above.		
For the Customer					
	has been provided by the candidate a ation by completing this form.	as his or her length of conci	rete finishing work	experience.	
			Circle	e One	
2. The information abov	it, or owner of a project completed by th e is correct as stated. d, please provide corrected information		YES YES	NO NO	
Madificationa					
			Circl	e One	
-	ted above, I would characterize the cand ory" is circled, please provide an explan		SATISFACTORY	UNSATISFACTORY	
Explanation:					
-	d the information being submitted or y to make all statements herein conform resentations whatsoever.	-			
Signature:		Date:			
Print Name:		Title:			
Company Name:		Phone #:			

Customer or Client, please return this form to the candidate in a sealed envelope. Thank you!