

Concrete Laboratory Testing Technician—Level 2 Work Experience Form

INSTRUCTIONS

Candidates seeking Concrete Laboratory Testing Technician—Level 2 (CLTT2) certification either complete **Section A** and send the form directly to ACI, or complete **Section A** and **Section B**, and send the entire form to the named Respondent. The Respondent completes **Section C** and sends the form directly to ACI. All information must be complete and legible.

Work experience can be performed under multiple employers/companies, resulting in multiple Work Experience Forms sent to various Respondents to meet the requirements. You are responsible for contacting as many Respondents as necessary to submit the required amount of work experience.

QUALIFICATIONS

Candidates must complete one year (2000 hours) of approved work experience. One-half (1000 hours) of the work experience may be substituted with a minimum of 60 credit hours of advanced education.

Candidate Name:	Certification	n ID/Last 4 digits of SSN:
Address:		
Candidate Phone: Cand	idate Email Address:	
Please check which of the following you are submi	itting on this form:	
□ Work experience related to laboratory testi forms, if necessary). Complete Section B and forward this fo	-	000 hours required (using separate
 Minimum of 60 credit hours of advanced ed hours of work experience required on addir Include Cert. ID above, sign below (Skip a copy of your education transcript. 	tional form(s)).	·
SECTION B—To be completed by the Candidate		
Employer (during work experience):		
Respondent Name:	Responde	nt Title:
Respondent Name: Duration spent working with this Respondent from		
Duration spent working with this Respondent from	n:toto	MM/YY = Net # of Months
Duration spent working with this Respondent from	n:toto	MM/YY = Net # of Months
	n:toto	MM/YY = Net # of Months
Duration spent working with this Respondent from Hours worked: × Aver	m:to	Total # of Hours rning my work experience and others. I agree to release and hold harmles
Duration spent working with this Respondent from Hours worked: Net # of Months Aver Candidate Authorization to Release Information I authorize the Respondent to supply to ACI, or its background relevant to the stated requirements of the any individual, company or institution, including Actions.	m:to	Total # of Hours Total # of Hours rning my work experience and other. I agree to release and hold harmles cons from liability imposed by law



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SECTION C—To be completed by the Respondent

A Candidate seeking CLTT2 certification has selected you to verify their work experience based on your professional relationship to them. Please review the information provided by the Candidate in **Section B**, and return the form to ACI.

Note that the disclaimer signed by the candidate in **Section B** releases you from civil liability regarding statements, provided to the best of your knowledge, about the candidate, and establishes that the candidate is freely requesting that you provide this information. If any information provided in **Section B** is incorrect, inconsistent, or ambiguous, please mark and initial those corrections.

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Candidate Name (Print):		
The information in Section B is:		
	ake all statements accura	on provided on this form by the Candidate. I have supplied te, to the best of my knowledge. I submit this form attesting .
Respondent Signature:		Date:
Respondent Name (Print):		
Respondent Employer/Business:		
Business Website:		
Business Address:		
Respondent Title:		Respondent Business Phone:
Respondent Business Email:		

Return completed form to ACI:

For more information, contact ACI Certification at:

(248) 848-3790 www.acicertification.org