

Candidate Name: _____ Certification ID/Last 4 digits of SSN: _____

Address: _____

Candidate Phone: _____ Candidate Email Address: _____

INSTRUCTIONS

Candidates must obtain 3 years of work experience in at least two of the categories in Section A. Shotcrete education may be applied towards up to 2 years of this experience. This must be submitted on the separate [Shotcrete Inspector Education Verification Form](#).

You are responsible for contacting as many Employers (previous or current) as necessary to submit the total amount of work experience required. If your total range of work experience has been attained under multiple employers or companies, use separate additional copies of this form for each of them. For each copy of the form:

- The Candidate must complete **Section A** and send the form to the Employer named in that section.
- The Employer must complete **Section B** and send the form to ACI.

All information provided by the Candidate and the Employer must be complete and legible. ACI will review the completed form(s) and will contact the Employer(s) to verify the accuracy of the information that has been provided.

SECTION A—To be completed by the Candidate

Employer's Name: _____ Employer's Title: _____

Employer's Company (during this term of work experience): _____

Candidate's Term of Employment: _____ to _____
Start Date (M/YY) End Date (M/YY)Experience Included (*Check all that apply to this term of employment*):

- Testing, inspection, and quality control of shotcrete
- Supervision of shotcrete construction work
- Design of shotcrete structures
- Placement of shotcrete as a certified ACI Shotcreter

Candidate Authorization to Release Information

I authorize the Employer to supply to ACI, or its agents, information concerning my work experience and other background relevant to the stated requirements of the Shotcrete Inspector certification program. I agree to release and hold harmless any individual, company or institution, including ACI, and any connected persons from liability imposed by law in supplying such information.

I understand that any false information or misrepresentation constitute grounds for denial of certification.

Candidate Signature: _____ Date: _____

Candidate: Send the entire form to the Employer.

SECTION B—To be completed by the Employer

A Candidate seeking Shotcrete Inspector certification has selected you to verify their work experience based on your professional relationship with them. Please review the information provided by the Candidate in **Section A** then sign and return this form to ACI Certification.

Please note that the disclaimer signed by the Candidate in **Section A** above 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 A** is incorrect, inconsistent, or ambiguous, please mark and initial those corrections.

Candidate Name (Print): _____

The information in Section A is: Correct as stated Correct as modified

I, the Employer, have honestly evaluated the information provided on this form by the Candidate. I have supplied any modifications (if necessary) to make all statements accurate to the best of my knowledge. I submit this form attesting that it contains no misrepresentations or false information.

Employer Name (Print): _____

Employer Signature: _____ Date: _____

Employer's Current Company: _____

Business Website: _____

Business Address: _____

Employer Title: _____

Employer Business Email: _____

Employer Business Phone: _____

Email to: aci.certification@concrete.org

OR

Return by mail to:

ACI Certification

ATTN: Exma Processing

38800 Country Club Drive

Farmington Hills, MI 48331

For more information, contact ACI Certification at: (248) 848-3790 | www.acicertification.org