

**INSTRUCTIONS**

This form is for Candidates seeking certification as an ACI Tilt-Up Supervisor. 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. Respondents must be an owner, supervisor, superintendent, or manager qualified to judge the candidate's performance. Self-employed candidates, please fill out the [Client Reference \(for Self-Employed Candidates\)](#).

The Candidate completes **Section A** and **Section B**, on multiple forms if necessary, and then sends the entire form to the named Respondent, who completes **Section C** and sends the form directly to ACI. All information must be complete and legible.

**QUALIFICATIONS**

The following hours of experience are required for certification:

- 5 years (7500 hours) of **on-site construction** experience
  - Of which at least 3 years (4500 hours) is **tilt-up construction** experience
    - Of which 2000 hours are **supervisory tilt-up** experience
      - With a minimum of 75% of supervisory hours obtained as **field experience** (not training).

**SECTION A—To be completed by the Candidate**

Candidate Name: \_\_\_\_\_ Certification ID/Last 4 digits of SSN: \_\_\_\_\_

Address: \_\_\_\_\_

Candidate Phone: \_\_\_\_\_ Candidate Email Address: \_\_\_\_\_

**SECTION B—To be completed by the Candidate**

Employer (during work experience): \_\_\_\_\_

Respondent Name: \_\_\_\_\_ Respondent Title: \_\_\_\_\_

Term of employment from: \_\_\_\_\_ to \_\_\_\_\_ = \_\_\_\_\_  
Month & Year                      Month & Year                      Total Months

During this employment term, provide the following average # of:

Months of On-Site Construction per Year: \_\_\_\_\_

Hours of On-Site Construction per Week: \_\_\_\_\_

Out of the on-site construction totals above, provide the following average # of:

Months of Tilt-Up Construction per Year: \_\_\_\_\_

Hours of Tilt-Up Construction per Week: \_\_\_\_\_

Out of the tilt-up construction totals above, provide the following:

Average # of Hours Performing Supervisory Duties per week: \_\_\_\_\_

Percentage of Supervisory Hours Obtained in the Field/on the Jobsite  
(not education/training classes, seminars, meetings, etc.): \_\_\_\_\_

*Form continued on next page...*

**Candidate Authorization to Release Information**

I authorize the Respondent to supply to ACI, or its agents, information concerning my work experience and other background relevant to the stated requirements of the ACI 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 constitutes grounds for denial of certification.

Candidate's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SECTION C—To be completed by the Respondent**

A Candidate seeking Concrete Tilt-Up Supervisor 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 B** and return the form to ACI.

Note that the disclaimer signed by the candidate in **Section B** 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 B** is incorrect, inconsistent, or ambiguous, please mark and initial those corrections.

The information provided in Section B is:       Correct as stated       Correct as modified

If any information provided in **Section B** is incorrect, inconsistent, or ambiguous, please mark and initial those corrections, and leave additional comments below, if necessary.

Comments:

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I, the Respondent, have honestly evaluated the information provided on this form by the Candidate. I have supplied any modifications 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.

Respondent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Respondent Name (Print): \_\_\_\_\_ Current Title: \_\_\_\_\_

Current Business/Employer: \_\_\_\_\_

Business/Employer Website: \_\_\_\_\_

Respondent Phone: \_\_\_\_\_ Respondent Email: \_\_\_\_\_

**Return completed form to ACI:**Email: [aci.certification@concrete.org](mailto:aci.certification@concrete.org)ACI Certification  
38800 Country Club Drive  
Farmington Hills, MI 48331**For more information, contact ACI Certification at:**

(248) 848-3790

[www.acicertification.org](http://www.acicertification.org)