

**INSTRUCTIONS**

The Candidate completes **Section A** and **Section B** of this form 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. If you are self-employed, please fill out the *Client Reference (for Self-Employed Candidates)*. See *Work Experience and Client Reference Instructions* for complete details.

**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 term of employment stated below): \_\_\_\_\_

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

Term of employment from: \_\_\_\_\_ to \_\_\_\_\_  
month & year month & year

During this employment term, the relationship of the respondent to the candidate was:

- Supervisor     Employer     Other: Please explain \_\_\_\_\_

1. During this employment term, provide total hours performing **on-site construction work** \_\_\_\_\_
2. Of the total hours stated in Part 1 above, provide hours performing **tilt-up construction work** \_\_\_\_\_
3. Of the tilt-up hours stated in Part 2 above, provide hours performing **supervisory duties** in each of the following categories:

	Field Hours	Class Hours	ACI or TCA training course, including date and location
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|---|-------|-------|-------|
| A. Safety Communications and Procedures   | _____ | _____ | _____ |
| B. Planning and Scheduling                | _____ | _____ | _____ |
| C. Structural Systems                     | _____ | _____ | _____ |
| D. Site Preparation and Foundations       | _____ | _____ | _____ |
| E. Slabs on Grade                         | _____ | _____ | _____ |
| F. Forming and Layout                     | _____ | _____ | _____ |
| G. Concrete Properties and Placement      | _____ | _____ | _____ |
| H. Erection and Bracing                   | _____ | _____ | _____ |
| I. Panel Finishes and Finishing Buildings | _____ | _____ | _____ |

4. Attach a list of tilt-up projects worked on during the employment term stated above. Include the following: Project Name(s); Project Address(es); Project Description(s) including size, height (in stories), special concerns or characteristics (see instructions for Step 4 accompanying this form).

**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 Tilt-Up Supervisor 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: \_\_\_\_\_

Name (Print): \_\_\_\_\_ Date: \_\_\_\_\_

<b>For Respondent Initials</b>
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**SECTION C—To be completed by the Respondent**

Please examine all of the information provided by the candidate in **Section B**. You are being asked to verify work experience in order for this candidate to meet qualifications for certification as an ACI Tilt-Up Supervisor. 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. **Please initial page 1 in the space provided.**

Candidate Name (Print): \_\_\_\_\_

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.

In the employment term listed in Section B, I would characterize the applicant's job performance as:

- 
- Satisfactory
- 
- Unsatisfactory

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

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): \_\_\_\_\_ Respondent Title: \_\_\_\_\_

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

Respondent Employer/Business: \_\_\_\_\_ Business Phone: \_\_\_\_\_

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

**Return completed form to ACI:**

Email: [aci.certification@concrete.org](mailto:aci.certification@concrete.org) | FAX: (248) 848-3793  
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)