

**INSTRUCTIONS**

The Candidate completes **Section A** and **Section B** for each form, and then sends the entire form to the named Respondent, who completes **Section C** and sends the form directly to ACI. ACI will review the form and contact the Respondent to verify that the information provided is accurate. All information must be complete and legible. If you are not self-employed, please fill out the *Work Experience Form*. 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**

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

Construction period from: \_\_\_\_\_ to \_\_\_\_\_ Total Months: \_\_\_\_\_  
month & year month & year

Project Location: \_\_\_\_\_ City/State: \_\_\_\_\_

Project Type:     Commercial     Industrial     Other: \_\_\_\_\_

Project Description, including size, height (in stories), special concerns or characteristics:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I was directly responsible for supervising the following phases of this project (see instructions):

- |   |   |
|---|---|
| <input type="checkbox"/> Safety Communications and Procedures | <input type="checkbox"/> Forming and Layout                     |
| <input type="checkbox"/> Planning and Scheduling              | <input type="checkbox"/> Concrete Properties and Placement      |
| <input type="checkbox"/> Structural Systems                   | <input type="checkbox"/> Erection and Bracing                   |
| <input type="checkbox"/> Site Preparation and Foundations     | <input type="checkbox"/> Panel Finishes and Finishing Buildings |
| <input type="checkbox"/> Slabs on Grade                       |   |

**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: \_\_\_\_\_

**For Respondent  
Initials**

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

Review 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: \_\_\_\_\_

---

---

---

---

---

---

---

---

---

---

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)