INSTRUCTIONS
Candidate completes Section A of this form and then sends the form to ACI OR the sponsoring group (SG) representative, based on the response provided in Section A. The SG representative completes Section B and sends the form to ACI. All information provided must be complete and legible. For more information, please go to www.acicertification.org.

Section A—To be completed by the candidate.

Candidate Name: ___________________________ Certification ID No.: ___________________________

Address:______________________________________________________________

City: ___________________________ State: _______ Zip: ___________

Phone Number: ___________________________ Email Address: ___________________________

Please check one of the following:

☐ I am previously or currently certified as an ACI “Adhesive Anchor Installer” or “Adhesive Anchor Installation Inspector.” Please include Certification ID No. above, sign below (skip Section B), and forward this form directly to ACI.

☐ I have never been certified as an ACI Adhesive Anchor Installer. Please forward this form to your SG representative for Section B to be completed.

_______________________________________________________________  ___________________________
Candidate Signature                      Date

Section B—To be completed by the SG representative, if candidate has never been ACI Adhesive Anchor Installer certified.

☐ Candidate has either attended an in-person practice session for Adhesive Anchor Installer, during which all installation methods were demonstrated, OR has viewed the alternate ACI-published YouTube video entitled, “ACI Certification - PICAII Supplemental Video,” with corresponding guided explanation by an SG reviewer.

_______________________________________________________________
SG Name

_______________________________________________________________  ___________________________
Location of Practice Session or Guided Video Presentation   Date of Session or Video

_______________________________________________________________  ___________________________
SG Representative Signature   Date

_______________________________________________________________
SG Representative Name (Print)

Return completed form by mail, email, or FAX:
American Concrete Institute
Certification Processing
38800 Country Club Drive
Farmington Hills, MI 48331
Phone: (248) 848-3790 | Fax: (248) 848-3793 | Email: aci.certification@concrete.org

Ver. 1.4 April 2022