

**INSTRUCTIONS**

The applicant must complete both Sections A and B of this form and then forward the form to the respondent, who is to use Section C to verify the statements made in Section B. See the *Supervisor Reference Package* for complete instructions.

**SECTION A - to be completed by the applicant**

1. Name of Applicant \_\_\_\_\_ Last 4 digits Social Security No. \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Employer \_\_\_\_\_ Employer Phone \_\_\_\_\_

**SECTION B - to be completed by the applicant**

2. Employer (during time period stated here) \_\_\_\_\_  
 Name of Respondent \_\_\_\_\_ Title (during time period stated here) \_\_\_\_\_  
 Employer Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

During this time period, the relationship of the respondent to the applicant was:

Supervisor     Employer     Other     Please explain \_\_\_\_\_

3. A. Term of employment: From \_\_\_\_\_ to \_\_\_\_\_  
month & year    month & year

B. During employment term stated above, provide total hours performing **on-site construction work** \_\_\_\_\_

4. Of the total number of hours stated in Step 3B, list the number of hours in **tilt-up construction work** \_\_\_\_\_

5. Of the tilt-up hours stated in Step 4, provide the number of hours performing **supervisory** duties in each of the categories listed:

	Field Hours	Class Hours	Indicate ACI or TCA training course - include date and location of course
A. Safety	_____	_____	_____
B. Plan Reading	_____	_____	_____
C. Scheduling	_____	_____	_____
D. Site Preparation & Foundations	_____	_____	_____
E. Slabs on Grade	_____	_____	_____
F. Layout	_____	_____	_____
G. Forming	_____	_____	_____
H. Concrete Properties & Placement	_____	_____	_____
I. Erection	_____	_____	_____
J. Structural Systems	_____	_____	_____

6. Attach a list of tilt-up projects worked on during the time period stated in Step 3. 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 6 accompanying this form).

I authorize those whom I have given as references to furnish to the American Concrete Institute or its agents information concerning my work experience and other background relevant to the stated requirements of the American Concrete Institute certification programs. I agree to release and hold harmless any individual, company or institution, including the American Concrete Institute, the Tilt-Up Concrete Association, and any persons connected therewith from liability imposed by law in furnishing such information. I understand that untruths or misrepresentation contained herein constitute grounds for denial of certification.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Print Name

**SECTION C - to be completed by the respondent**

**To the respondent:** Please examine all of the information provided by the applicant in Section B. You are being asked to verify work experience in order for this applicant to meet qualifications for certification as an ACI Tilt-Up Supervisor. Please note that the disclaimer signed by the applicant in Section B releases you from civil liability in regard to statements provided to the best of your knowledge about the applicant, and establishes that the applicant is freely requesting that you provide this information.

1. The information provided in Section B is:

- Correct as stated                       Correct as modified

Take note of stated dates and time periods, job responsibilities, etc., and correct any and all inconsistencies and ambiguities by writing in corrections in Section B.

2. In the time period listed in Section B, I would characterize the applicant's job performance as:

- Satisfactory                       Unsatisfactory                       No Opinion

**NOTE:** If any box other than "satisfactory" is checked, explain reasons in detail below.

3. Comments \_\_\_\_\_  
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I have honestly evaluated the information being submitted on this form by the applicant. I have supplied whatever modifications may have been necessary to make all statements herein conform to the truth, to the best of my knowledge. I submit this form in the belief that it contains no misrepresentations whatsoever.

\_\_\_\_\_  
Signature of Respondent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Present Employer

\_\_\_\_\_  
Employer Telephone

**IMPORTANT NOTE TO RESPONDENT:**

The applicant should not see this form after you have completed Section C.

**Return the completed form to the applicant in a sealed envelope.**