

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/Last 4 digits of SSN: _____

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 (any overhead system).
Please include Cert. ID 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 attended a practice session for adhesive anchor installation in which *both types of overhead systems*—piston plug *and* retaining cap—were demonstrated. (Please complete and return this form to ACI.)

SG Name

Practice Session Location

Practice Session Date

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