

ACI CERTIFICATION REGISTRATION

Exam: Field Testing Technician Grade 1

Date: _____

Location: _____

PRIMARY CONTACT

Name: _____

Company: _____

Address:* _____

Email: _____

Phone: _____

**All study guides will be mailed to the person and full address listed above.*

REGISTRANTS

Registrant Full Name	Exam Type*	Spanish Options
_____	<input type="checkbox"/> Full <input type="checkbox"/> WRE <input type="checkbox"/> PRE	<input type="checkbox"/> Exam <input type="checkbox"/> Book
_____	<input type="checkbox"/> Full <input type="checkbox"/> WRE <input type="checkbox"/> PRE	<input type="checkbox"/> Exam <input type="checkbox"/> Book
_____	<input type="checkbox"/> Full <input type="checkbox"/> WRE <input type="checkbox"/> PRE	<input type="checkbox"/> Exam <input type="checkbox"/> Book
_____	<input type="checkbox"/> Full <input type="checkbox"/> WRE <input type="checkbox"/> PRE	<input type="checkbox"/> Exam <input type="checkbox"/> Book
_____	<input type="checkbox"/> Full <input type="checkbox"/> WRE <input type="checkbox"/> PRE	<input type="checkbox"/> Exam <input type="checkbox"/> Book
_____	<input type="checkbox"/> Full <input type="checkbox"/> WRE <input type="checkbox"/> PRE	<input type="checkbox"/> Exam <input type="checkbox"/> Book

**F (Full Exam), WRE (Written Re-Exam Only), PRE (Performance Re-Exam Only)*

PAYMENT INFORMATION (see sidebar for fees schedule)

Sub-Total:	Full Exams:	x	=
	Written Only: (WRE)	x	=
	Performance Only (PRE):	x	=

Total:

Method: Send Check Visa MasterCard AMEX

Name On Card: _____

Card Number: _____

Expiration: _____ **Sec. Code & Zip:** _____

Auth. Signature: _____

Send completed forms:

By **Email** to Mary Stewart at mstewart@washingtonconcrete.org

By **Mail** to WACA, 22223 7th Avenue South, Des Moines, WA 98198

THIS IS NOT A TRAINING CLASS

This certification is only intended to expand upon and support examinee and employer training efforts. It will not fully prepare the examinee for the written OR practical portions of the tests. **Please be familiar with the study materials & testing equipment prior to attending this class.**

EXAM INFORMATION

ADA requests must be made well in advance & in writing of exam dates to be submitted to ACI for consideration.

PPE Required: Safety glasses, gloves, hearing protection, proper attire and footwear AS WELL AS face mask.

REGISTRATION FEES

Full Exam: Member \$405/pp

Non-Member **\$455/pp**

Written Re-Exam Only **OR** Performance Re-Exam Only:

Member \$190/pp

Non-Member **\$230/pp**

OTHER IMPORTANT INFO

STUDY MATERIALS

ACI study guide will **ONLY** be sent once payment is received. The written and performance exams are based on the seven ASTM standards contained in your study guide. A standard calculator may be used. Cell phone calculators are NOT allowed.

If you are unfamiliar with the testing equipment, we **STRONGLY** recommend you become thoroughly familiar with all testing equipment and procedures prior to the test.

IDENTIFICATION: Please bring proper ID to the exam.

Changes to Registration policy:

Once a registration is received; Options:

- Find a substitute to fill your spot(s).
- There is a 48-hour cancellation window. A refund less \$35 CC processing fees will be applied.
- After 48 hours, you can elect a credit extended to the next scheduled same or different session. If necessary, minus the cost of the study guide @ \$95 - \$150 plus shipping charges. *Balances may apply.*
- Once study guides are mailed; a credit only will be extended to the next scheduled class.
- No Shows: Will not be refunded or carried over to another next exam date.

We understand things change BUT, make sure registrations are accurate before you make them and avoid additional charges.