

ACI CERTIFICATION REGISTRATION

Exam: **Aggregate Testing Technician Level 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
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_____	<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 rate = \$

Written Only: (WRE) _____ x rate = \$

Performance Only (PRE): _____ x rate = \$

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 Bauer at mbauer@washingtonconcrete.org By

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

THIS IS NOT A TRAINING CLASS

The Review session is intended to supplement your self study and work experience. For the Performance exam, it is highly suggested you have sufficient experience to be familiar with the equipment and testing procedures for each of the ASTM Aggregate Testing standards. It is your responsibility to demonstrate your ability to competently perform the tests according to each standard. Please come prepared to succeed.

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 \$480/pp
Non-Member **\$555/pp**

Written Re-Exam Only **OR** Performance
Re-Exam Only: Member \$250/pp
Non-Member **\$300/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 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.