



Las Vegas Chapter-American Concrete Institute Concrete Strength Testing Technician Certification 2019 Registration Form

OVERVIEW

A Concrete Strength Testing Technician is an individual who has demonstrated the knowledge and ability to perform, record, and report the results of four basic laboratory procedures related to the determination of concrete compressive and flexural strength.

ASTM C39	Standard Test Method for Compressive Strength of Cylindrical Concrete Specimens
ASTM C78	Standard Test Method for Flexural Strength of Concrete (Using simple beam with third-point loading)
ASTM C617	Standard Practice for Capping Cylindrical Concrete Specimens
ASTM C1231	Standard Practice for Use of Unbonded Caps in Determination of Compressive Strength of Hardened Concrete Cylinders

In order to attain ACI Concrete Laboratory Testing Technician Level I you must obtain both the ACI Concrete Strength Testing Technician and the Aggregate Testing Technician Level I certifications. Accommodations are made for those individuals who want to take both certifications or trainings at the same session.

SCHEDULE

Certification Testing Session

Friday	5:00 p.m. - 6:00 p.m.	Classroom Review Session
Saturday	7:00 a.m. - 2:00 p.m.	Written/Performance Exams

Training Session

Training is not required but is highly recommended for individuals certifying for the first time and is a separate fee.

Monday	5:30 p.m. - 8:30 p.m.	Classroom/Laboratory Instruction
Tuesday	5:30 p.m. - 8:30 p.m.	Classroom/Laboratory Instruction

REGISTRATION FEES

Certification/Recertification Registration Fee

Member \$370

Non Member \$425

For those individuals certifying for the first time or those who are recertifying. Fee includes ACI study guide, classroom review session, written and performance exams.

Training Session Fee

Member \$125

Non Member \$200

Includes two nights of classroom/laboratory training.

Written Exam Only

Member \$205

Non-Members \$260

For those individuals who failed their written exam on their first testing attempt. Fee includes review session and written exam. (no study guide)

Performance Exam Only

Member \$205

Non-Members \$260

For those individuals who failed their performance exam on their first testing attempt. Fee includes review session and performance exam. (no study guide)

CANCELLATION POLICY:

You can cancel or reschedule your registration for the certification session (via U.S. Mail or e-mail) up to 5 business days prior to the scheduled testing date and receive a refund less a \$100 cancellation fee. No refunds will be issued to registrants who fail to cancel within the specified cancellation period or are no-shows.

GENERAL INFORMATION:

You can mail, fax, or email your registration, but it will not be processed until payment is received. We will mail you via US priority mail a confirmation letter (with locations for training/testing sessions), a study guide, and maps once your paid registration form is received. If you are coming from out of state and need help finding accommodations or have questions regarding registration please contact Dawn Miller at the Las Vegas Chapter ACI office, 702-656-8827.



Las Vegas Chapter - American Concrete Institute Concrete Strength Testing Technician 2019 Registration Form

NAME: _____ COMPANY: _____

COMPANY ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____

EMAIL: _____

EMERGENCY CONTACT NAME: _____ EMERGENCY CONTACT PHONE #: _____

Address study guide should be sent to if other than above:

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

Individuals certified through this program are typically expected to be capable of reading, comprehending, and executing procedures requiring strenuous physical activity, and possess a level of fitness required to safely execute the procedures. By marking the appropriate box below, you are asserting that you are aware of the physical abilities and fitness level appropriate to participate in the program without accommodation for either permanent or temporary disabilities in accordance with the Americans with Disabilities Act (ADA), or have contacted ACI and are in the process of applying for accommodation in accordance with ADA. **You must check one of the boxes:**

I request participation without accommodation via ADA I am in the process of applying for accommodation via ADA

I understand that participation in this program does not guarantee certification or employment if certification is attained. I further understand that employment in specific geographic areas is contingent upon the laws and ordinances of that jurisdiction. **Box must be checked for registration to be processed.**

CANCELLATION POLICY: You can cancel or reschedule your registration (via U.S. Mail or e-mail) up to 5 business days prior to the scheduled testing date and receive a refund less a \$100 cancellation fee. No refunds will be issued to registrants who fail to cancel within the specified cancellation period or are no-shows.

I have read and I acknowledge the above policies. Registration will not be processed if an emergency name and contact number are not provided.

SIGNATURE: _____ DATE: _____

SELECT YOUR TESTING SESSION

<input type="checkbox"/> February	<input type="checkbox"/> June	<input type="checkbox"/> October
Classroom Review February 8	Classroom Review June 21	Classroom Review October 11
Written/Performance Exams February 9	Written/Performance Exams June 22	Written/Performance Exams October 12

REGISTRATION FEES

	Member	Non-Member
Certification or Recertification	<input type="checkbox"/> \$370	<input type="checkbox"/> \$425
Training Session Fee	<input type="checkbox"/> \$125	<input type="checkbox"/> \$200
Written Only Exam Fee	<input type="checkbox"/> \$205	<input type="checkbox"/> \$260
Performance Only Exam Fee	<input type="checkbox"/> \$205	<input type="checkbox"/> \$260

TRAINING SESSION (OPTIONAL):

Highly recommended for individuals certifying for the first time.

<input type="checkbox"/> February	<input type="checkbox"/> June	<input type="checkbox"/> October
Classroom/Laboratory Training February 4 & 5	Classroom/Laboratory Training June 17 & 18	Classroom/ Laboratory Training October 7 & 8

For ACI Office Use Only Check # _____ Date _____ Invoice # _____ Confirmation _____ Books _____

Return your registration form and payment to: **Las Vegas Chapter - ACI ♦ P.O. Box 35915 ♦ Las Vegas NV 89133**
Phone: 702-656-8827 ♦ Fax: 702-656-4981 ♦ Email: acilasvegas@outlook.com

Method of Payment Check Visa MasterCard American Express Bill Me-Corporate Members Only

Signature _____

Card Holder Name _____

Credit Card # (Emailing Credit Card Numbers is not recommended) _____

Billing Address for Card _____

Exp. date _____

CCV- Code **MC/Visa** three digits on back of card **AMX** four digits on front

Phone _____