



Las Vegas Chapter - American Concrete Institute

Aggregate/Soils Base Testing Technician Certification Testing

2022 REGISTRATION FORM

CERTIFICATION OVERVIEW

This certification is for personnel who want to be certified as having the ability to perform, rerecord, and report the results of basic field and laboratory procedures for aggregates and soils. Standards included in this certification are listed below:

- | | |
|---------------------------|---|
| ➤ AASHTO R 90/ASTM D75 | Sampling Aggregates |
| ➤ AASHTO T 248/ASTM C702 | Reducing Samples of Aggregate to Testing Size |
| ➤ AASHTO R 58/ASTM D421* | Dry Preparation of Disturbed Soil and Soil-Aggregate Samples for Test |
| ➤ AASHTO T 89/ASTM D4318 | Determining the Liquid Limits of Soils |
| ➤ AASHTO T 90/D4318 | Determining the Plastic Limit and Plasticity Index of Soils |
| ➤ AASHTO T 88/ASTM D422 | Particle Size Analysis of Soils |
| ➤ AASHTO T 265/ASTM D2216 | Laboratory Determination of Moisture Content of Soils |
| ➤ AASHTO T 180/ASTM D1557 | Moisture-Density Relations of Soils Using a 4.54-kg (10-lb) Rammer and a 457-mm (18-in.) Drop |
| ➤ AASHTO T 99/ASTM D698 | Moisture-Density Relations of Soils Using a 2.5-kg (5.5-lb) Rammer and a 305-mm (12-in.) Drop |

*WRITTEN EXAM ONLY

SCHEDULE

Monday	5:30 p.m. - 8:30 p.m.	Classroom/Laboratory Training
Tuesday	5:30 p.m. - 8:30 p.m.	Classroom/Laboratory Training
Wednesday	5:30 p.m. - 8:30 p.m.	Classroom/Laboratory Training
Thursday	5:30 p.m. - 8:30 p.m.	Classroom/Laboratory Training
Friday	5:30 p.m. - 7:30 p.m.	Classroom Review
Saturday	7:00 a.m. - 1:00 p.m.	Written/Performance Exams

CERTIFICATION EXAM

The two-hour written exam is an “open book” exam and consists of approximately 100 multiple choice questions, there are 8 - 12 questions on each of the standards. The performance exam is “closed book” and requires actual demonstration of the standards unless otherwise noted.

REGISTRATION FEES

Training Registration Fee	Member \$390	Non-Member \$465
Includes all four nights of classroom/laboratory training.		

Certification/Recertification Fee	Member \$425	Non Member \$500
For those individuals certifying for the first time or recertifying. Fee includes ACI study guide, written and performance exams.		

Written Exam Only	Member \$205	Non-Members \$260
For those individuals who failed their written exam on their first testing attempt. Fee includes written exam. (no study guide)		

Performance Exam Only	Member \$205	Non-Member \$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 (via U.S. Mail or e-mail) up to 5 business days prior to the scheduled testing date and receive a refund less a \$125 cancellation fee. No refunds will be issued to registrants who fail to cancel within the specified cancellation period or are no-shows.

GENERAL INFORMATION

If you are coming from out of state and have questions or need help finding accommodations please contact Dawn Miller at the Las Vegas Chapter ACI office, 702-656-8827.

You can mail or email your registration, but it will not be processed until payment is received. We will mail you a confirmation letter (with locations for training/testing sessions), a study guide, and maps once your paid registration form is received. In addition to certification testing, the Las Vegas Chapter ACI also offers an optional four night training course that is a combination of classroom and laboratory instruction. This training class, which is an additional fee, is highly recommended for individuals who are re-certifying or need a refresher course.

Membership rates are for those individuals/companies who are members of the Las Vegas ACI Chapter. If you are interested in becoming a member, please request an application.



Las Vegas Chapter - ACI / 2022 Registration Form Aggregate/Soils Base Testing Technician Certification

NAME: _____ COMPANY: _____

COMPANY ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____ EMAIL: _____

EMERGENCY CONTACT: _____ PHONE: _____

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

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

I Acknowledge COVID19 | An inherent risk of exposure to COVID-19 exists in any public space where people are present. By attending the certification event you are assuming all risks related to exposure of COVID-19.

I Acknowledge Individuals certified through this program are typically expected to be capable of reading, comprehending, and executing procedures requiring physical activity, and possess a level of fitness required to safely execute the procedures. By marking the box below, you are asserting that you are aware of the physical abilities and fitness level appropriate to participate in the program.

I Acknowledge 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.

In accordance with the Americans with Disabilities Act (ADA), if you have a permanent or temporary disability that may impact your participation in this certification session, please check this box and the Chapter will contact you with instructions. Since the notification and formulation of appropriate accommodations takes time, candidates must make their request to the Las Vegas Chapter ACI at least three weeks prior to the certification.

I request accommodation.

SIGNATURE: _____ DATE: _____

SELECT YOUR TESTING SESSION:

REGISTRATION FEES

August Session

Member Non-Member

Classroom Review Session
August 12

Written/Performance Exams
August 13

Certification or Recertification

\$425

\$500

Training Session

\$390

\$465

TRAINING SESSION (optional)

August Session

Written Only Exam

\$205

\$260

Classroom/Laboratory Training
August 8, 9, 10 & 11

Performance Only Exam

\$205

\$260

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 ♦ Email: acilasvegas@outlook.com

Method of Payment Check Visa MasterCard American Express Bill Me-Member Companies Only

Credit Card # _____

Card Holder Name _____

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

Billing Address for Card _____

Signature _____

Phone _____