



INSTRUCTIONS

This form is for Candidates seeking certification/ recertification for ACI Concrete Flatwork Finisher or Advanced Finisher. Work experience can be performed under multiple employers/companies, resulting in multiple Work Experience Forms sent to various Respondents to meet the requirements. You are responsible for contacting as many Respondents as necessary to submit the required amount of work experience. Respondents must be project superintendents, job foremen, or company owners, who were in direct supervision of the Candidate. Self-employed candidates, please fill out the *Client Affidavit*. Union participants, please see *Instructions for Union Participants*.

The Candidate completes **Section A** and **Section B**, on multiple forms if necessary, and then sends the entire form to the named Respondent, who completes **Section C** and sends the form directly to ACI. All information must be complete and legible.

QUALIFICATIONS

The following hours of direct finishing experience are required for certification.

ACI Advanced Concrete Flatwork Finisher

1500 hours (1 year) and passing the performance exam

OR

4500 hours (3 years)

ACI Concrete Flatwork Finisher

1500 hours (1 year) and passing the performance exam

The following hours of on-the-job finishing experience are required for recertification.

ACI Advanced Concrete Flatwork Finisher

4500 hours (3 years)

ACI Concrete Flatwork Finisher

1500 hours (1 year)

SECTION A—To be completed by the Candidate

Candidate Name: _____ Certification ID/Last 4 digits of SSN: _____

Address: _____

Candidate Phone: _____ Candidate Email Address: _____

Seeking: ☐ Certification ☐ Recertification

SECTION B—To be completed by the Candidate

Employer (during work experience): _____

Respondent Name: _____ Respondent Title: _____

Term of employment from: _____ to _____ = _____
Month & Year Month & Year Total Months

FINISHING includes any of the below: concrete placement, consolidation, jointing, curing and protection, finishing, form setting, prep work, rubbing, patching, and saw cutting. Finishing does NOT include: employee breaks, drive time between jobs, days not worked, startup and cleanup, or any type of work not listed above.	Average # of Months FINISHING per Year	Average # of Hours FINISHING per Week

Candidate Authorization to Release Information

I authorize the Respondent to supply to ACI, or its agents, information concerning my work experience and other background relevant to the stated requirements of the ACI certification program. I agree to release and hold harmless any individual, company or institution, including ACI, and any connected persons from liability imposed by law in supplying such information. I understand that any false information or misrepresentation constitute grounds for denial of certification.

Candidate's Signature: _____ Date: _____

**SECTION C—To be completed by the Respondent**

A Candidate seeking Concrete Flatwork Finisher or Advanced Finisher certification/recertification has selected you to verify their work experience based on your professional relationship to them. Please review the information provided by the Candidate in **Section B**, and return the form to ACI.

Note that the disclaimer signed by the candidate in **Section B** above releases you from civil liability regarding statements, provided to the best of your knowledge, about the candidate, and establishes that the candidate is freely requesting that you provide this information. If any information provided in **Section B** is incorrect, inconsistent, or ambiguous, please mark and initial those corrections.

The information provided in Section B is: ☐ Correct as stated ☐ Correct as modified

If any information provided in **Section B** is incorrect, inconsistent, or ambiguous, please mark and initial those corrections, and leave additional comments below, if necessary.

Comments: _____

I, the Respondent, have honestly evaluated the information provided on this form by the Candidate. I have supplied any modifications necessary to make all statements accurate, to the best of my knowledge. I submit this form attesting that it contains no misrepresentations or false information.

Respondent Signature: _____ Date: _____

Respondent Name (Print): _____ Current Title: _____

Current Business/Employer: _____

Business/Employer Website: _____

Respondent Phone: _____ Respondent Email: _____
