

PTI Certification of Field Personnel for Unbonded Post-Tensioning Field Work Affidavit

APPLICANT INFORMATION

NAME		
HOME STREET ADDRESS		
CITY	STATE	ZIP
TEL. NO. ()	E-MAIL:	

WORK HISTORY (COPY ADDITIONAL PAGES FOR EACH EMPLOYEE)

EMPLOYER OR APPRENTICESHIP PROGRAM		
ADDRESS		
CITY	STATE	ZIP
TEL. NO. ()	FAX ()	
DATE OF EMPLOYMENT	from:	to:
APPROXIMATE NUMBER OF PROJECTS OR STRUCTURES WORKED ON:		

APPLICANT CERTIFICATION

I hereby certify that all the information on this affidavit is true and correct. I authorize PTI to contact the above listed employer and the project verifiers to verify the work experience being claimed. I understand that falsifying information on this document could result in revocation of my PTI Certification(s).

APPLICANT'S SIGNATURE

DATE

PROJECT HISTORY

PROJECT TITLE / LOCATION (CITY/STATE)		
PROJECT DURATION (WEEKS)		
NUMBER OF HOURS WORKING WITH PT ON THIS PROJECT		
BRIEF DESCRIPTION OF WORK PERFORMED		
<i>I hereby certify that I have personal knowledge that the above named applicant has completed the number of hours claimed above on this unbonded post-tensioning project. I am certifying this as either the applicant's supervisor or as the applicant's apprenticeship supervisor.</i>		
VERIFIER #1: PRINT NAME / TITLE	VERIFIER #1: SIGNATURE	
VERIFIER #1 EMAIL	PHONE#	DATE
<i>I hereby certify that I have personal knowledge that the above named applicant has completed the number of hours claimed above on this unbonded post-tensioning project. I am certifying this as either the applicant's supervisor or person in responsible charge of the project.</i>		
VERIFIER #2: PRINT NAME / TITLE	VERIFIER #2: SIGNATURE	
VERIFIER #2 EMAIL	PHONE#	DATE

PTI Certification of Field Personnel for Unbonded Post-Tensioning Field Work Affidavit (cont.)

PROJECT HISTORY

PROJECT TITLE / LOCATION (CITY/STATE)			
PROJECT DURATION (WEEKS)			
NUMBER OF HOURS WORKING WITH PT ON THIS PROJECT			
BRIEF DESCRIPTION OF WORK PERFORMED			
<i>I hereby certify that I have personal knowledge that the above named applicant has completed the number of hours claimed above on this unbonded post-tensioning project. I am certifying this as either the applicant's supervisor or as the applicant's apprenticeship supervisor.</i>			
VERIFIER #1: PRINT NAME / TITLE		VERIFIER #1: SIGNATURE	
VERIFIER #1 EMAIL	PHONE#	DATE	
<i>I hereby certify that I have personal knowledge that the above named applicant has completed the number of hours claimed above on this unbonded post-tensioning project. I am certifying this as either the applicant's supervisor or person in responsible charge of the project.</i>			
VERIFIER #2: PRINT NAME / TITLE		VERIFIER #2: SIGNATURE	
VERIFIER #2 EMAIL	PHONE#	DATE	

PROJECT HISTORY

PROJECT TITLE / LOCATION (CITY/STATE)			
PROJECT DURATION (WEEKS)			
NUMBER OF HOURS WORKING WITH PT ON THIS PROJECT			
BRIEF DESCRIPTION OF WORK PERFORMED			
<i>I hereby certify that I have personal knowledge that the above named applicant has completed the number of hours claimed above on this unbonded post-tensioning project. I am certifying this as either the applicant's supervisor or as the applicant's apprenticeship supervisor.</i>			
VERIFIER #1: PRINT NAME / TITLE		VERIFIER #1: SIGNATURE	
VERIFIER #1 EMAIL	PHONE#	DATE	
<i>I hereby certify that I have personal knowledge that the above named applicant has completed the number of hours claimed above on this unbonded post-tensioning project. I am certifying this as either the applicant's supervisor or person in responsible charge of the project.</i>			
VERIFIER #2: PRINT NAME / TITLE		VERIFIER #2: SIGNATURE	
VERIFIER #2 EMAIL	PHONE#	DATE	

TOTAL EXPERIENCE SUBMITTED

TOTAL NUMBER OF HOURS WORKING WITH PT SUBMITTED FOR VERIFICATION (500 HOURS REQUIRED FOR LEVEL 2 UNBONDED PT CERTIFICATION)	
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(COPY ADDITIONAL PAGES AS NEEDED)