

PTI Certification of Field Personnel for Slab-on-Ground Post-Tensioning Field Work Affidavit for Inspector

APPLICANT INFORMATION

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

CURRENT EMPLOYER

EMPLOYER OR APPRENTICESHIP PROGRAM		
ADDRESS		
CITY	STATE	ZIP
TEL. NO. ()		
DATE OF EMPLOYMENT	from:	to:

TOTAL FIELD WORK HOURS SUBMITTED

<i>Required experience for Level 2 Slab-on-Ground Inspector Certification: Total 500 hours working with unbonded PT on SOG of which minimum 150 in installation and minimum 150 in stressing. Field work experience hours for stressing may include time calculating elongation of stressing operations, evaluation of elongation, etc.</i>	
Total number of hours working in inspection of installation	
Total number of hours working in inspection of stressing	

APPLICANT CERTIFICATION

*I hereby certify that all of the information on this affidavit is true and correct. I authorize PTI to contact the listed employers and the PT field work history verifiers to substantiate 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

PTI Certification of Field Personnel for Slab-on-Ground Post-Tensioning Field Work Affidavit for Inspector (cont.)

Applicant's Name: _____

EMPLOYER (COPY ADDITIONAL PAGES FOR EACH EMPLOYER)

EMPLOYER OR APPRENTICESHIP PROGRAM		
ADDRESS		
CITY	STATE	ZIP
TEL. NO. ()	FAX ()	
DATE OF EMPLOYMENT	from:	to:

PT FIELD WORK HISTORY

HOURS WORKED INSPECTING THE INSTALLATION OF SOG PT WITH THIS EMPLOYER	
HOURS WORKED INSPECTING THE STRESSING OF SOG PT WITH THIS EMPLOYER	
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 unbonded post-tensioning projects. I am certifying this as either the applicant's supervisor or as the applicant's apprenticeship supervisor.</i>	
VERIFIER: PRINT NAME / TITLE	VERIFIER: SIGNATURE
VERIFIER: EMAIL	VERIFIER: PHONE# DATE

Send field work affidavits to PTICertification@post-tensioning.org