

# 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. (     )	FAX (     )	
DATE OF EMPLOYMENT	from:	to:

## TOTAL FIELD WORK HOURS SUBMITTED

<i>Required experience for Level 2 Slab-on-Ground <u>Inspector</u> Certification:                  Total 500 hours inspecting unbonded PT on SOG or elevated construction of which minimum 150 in inspection of installation and minimum 150 in inspection of stressing</i>	
Total number of hours working in inspection of <b>installation</b>	
Total number of hours working in inspection of <b>stressing</b>	

## 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 <b>INSTALLATION</b> OF SOG PT WITH THIS EMPLOYER	
HOURS WORKED INSPECTING THE <b>STRESSING</b> 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 [Kimberley.Curtis@post-tensioning.org](mailto:Kimberley.Curtis@post-tensioning.org)