

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

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>Installer</u> Certification: Total 500 hours working with unbonded PT on SOG or elevated construction of which minimum 150 in installation and minimum 150 in stressing</i>	
Total number of hours working in installation	
Total number of hours working in 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 Installer (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 INSTALLING SOG PT WITH THIS EMPLOYER	
HOURS WORKED STRESSING 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