

PTI Certification of Field Personnel for Unbonded Post-Tensioning Field Work Affidavit for Level 2 Unbonded PT Repair Specialist

Applicant's Name: _____

APPLICANT INFORMATION

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

FIELD WORK HISTORY (COPY ADDITIONAL PAGES FOR EACH EMPLOYER)

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 of the information on this affidavit is true and correct. I authorize PTI to contact the above listed employer and the project 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

FIELD WORK REQUIREMENTS

Required experience for Level 2 Unbonded PT Repair Specialist:

If you hold a current **Level 1 Unbonded PT Installation** certification, submit **800** total hours of installation or inspection of unbonded PT work on elevated structures of which minimum **150** in repair installation AND minimum **150** in repair stressing.

If you hold a current **Level 2 Unbonded PT Installer or Inspector** certification, submit **300** total hours of installation or inspection of unbonded PT work on elevated structures of which minimum **150** in repair installation AND minimum **150** in repair stressing.

Send field work affidavits to Kimberley.Curtis@post-tensioning.org

**PTI Certification of Field Personnel for Unbonded Post-Tensioning
Field Work Affidavit for Level 2 Unbonded PT Repair Specialist
(cont.)**

Applicant's Name: _____

PROJECT HISTORY

HOURS WORKED ON INSTALLATION OR INSPECTION OF THE INSTALLATION OF REPAIR		
HOURS WORKED ON STRESSING OR INSPECTION OF STRESSING OF REPAIR		
HOURS WORKED ON INSTALLATION OR INSPECTION OF NEW PT INSTALLATION		
PROJECT TITLE / LOCATION (CITY/STATE)		
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

HOURS WORKED ON INSTALLATION OR INSPECTION OF THE INSTALLATION OF REPAIR		
HOURS WORKED ON STRESSING OR INSPECTION OF STRESSING OF REPAIR		
HOURS WORKED ON INSTALLATION OR INSPECTION OF NEW PT INSTALLATION		
PROJECT TITLE / LOCATION (CITY/STATE)		
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