



Rocky Mountain Chapter - American Concrete Institute Masonry Field Testing Technician Certification 2018 Registration Form

OVERVIEW

A **Masonry Field Testing Technician** is an individual who has demonstrated the knowledge and ability to perform sample preparation and testing of masonry construction-related materials including materials for brick, structural clay tile, concrete masonry units, prisms, mortars, and grouts in the field. The program requires a working knowledge of field procedures selected from the following ASTM test methods and practices:

- C67—Sampling and Testing Brick and Structural Clay Tile
- C90—Loadbearing Concrete Masonry Units
- C140/C140M—Sampling and Testing Concrete Masonry Units and Related Units
- C270—Mortar for Unit Masonry
- C780—Preconstruction and Construction Evaluation of Mortars for Plain and Reinforced Unit Masonry
- C1019—Sampling and Testing Grout
- C1314—Compressive Strength of Masonry Prisms
- C1552—Capping Concrete Masonry Units, Related Units, and Masonry Prisms for Compression Testing

***Note - If you are ACI Concrete Field Testing Technician Grade I certified you will be exempt from performing C1019 of the performance exam. You must bring your ACI Concrete Field Testing Technician Grade I certification card to the testing session.**

CERTIFICATION REQUIREMENTS:

ACI will grant certification only to those applicants who meet both of the following requirements: A passing grade on the ACI written examination; AND successful completion of the ACI performance examination.

The one-hour **written examination** is closed-book and consists of approximately 60 multiple-choice questions. There are between eight and 12 questions on each of the ASTM test methods and practices. To pass the written examination, BOTH of the following conditions must be met:

1. At least 60% correct for each of the required test methods and practices; AND
2. A minimum score of 70% overall.

The **performance examination** is also closed-book and requires actual demonstration of select field procedures described in ASTM test methods C140/C140M, C780, and C1019. The examinee is judged on his/her ability to correctly perform (or describe, where allowed) required steps for each procedure.

Recertification is necessary every five years and requires successful completion of both the written and performance examinations.

SCHEDULE

Thursday	8:00 a.m. - Noon Noon - 12:30 p.m. 12:30 p.m. - 4:00 p.m.	Classroom Review Session Lunch (Provided) Test Method Demonstrations
Friday	8:00 a.m. - 8:30 a.m. 8:30 a.m. - 9:30 a.m. 9:30 a.m. - 3:00 p.m.	Review Written Exams Performance Exams

REGISTRATION FEES

Certification/Recertification Registration Fee

Member \$450

Non Member \$525

For those individuals certifying for the first time or those who are recertifying. Fee includes ACI study guide, classroom review session, demonstrations, lunch on first day, written and performance exams.

Written Exam Only or Performance Exam Only

Member \$185

Non-Members \$260

For those individuals who failed their written or performance exam on their first testing attempt. Fee includes written or performance exam. **(no study guide)**

GENERAL INFORMATION:

Please email registration, it will not be processed until payment is received. We will mail you via US priority mail a confirmation letter (with locations for training/testing sessions), a study guide, and map once your paid registration form is received. If you have questions about the certification or registration process please contact Dawn Miller at the Rocky Mountain ACI office, 702-203-7817.

****Membership rates are for those individuals/companies who are members of the Rocky Mountain ACI Chapter. If you are interested in becoming a member, please request an application or join on-line at www.rockmtn-aci.org.**



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NAME: _____ COMPANY: _____

COMPANY ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: _____

EMAIL: _____

EMERGENCY CONTACT NAME: _____ EMERGENCY CONTACT PHONE #: _____

Address study guide should be sent to if other than above:

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

Individuals certified through this program are typically expected to be capable of reading, comprehending, and executing procedures requiring strenuous physical activity, and possess a level of fitness required to safely execute the procedures. By marking the appropriate box below, you are asserting that you are aware of the physical abilities and fitness level appropriate to participate in the program without accommodation for either permanent or temporary disabilities in accordance with the Americans with Disabilities Act (ADA), or have contacted ACI and are in the process of applying for accommodation in accordance with ADA. **You must check one of the boxes:**

I request participation without accommodation via ADA

I am in the process of applying for accommodation via ADA

I understand that participation in this program does not guarantee certification or employment if certification is attained. I further understand that employment in specific geographic areas is contingent upon the laws and ordinances of that jurisdiction. **Box must be checked for registration to be processed.**

CANCELLATION POLICY: You can cancel or reschedule your registration (via U.S. Mail or e-mail) up to 3 business days prior to the scheduled testing date and receive a refund less a \$125 cancellation fee. No refunds will be issued to registrants who fail to cancel within the specified cancellation period or are no-shows.

I have read and I acknowledge the above policies. Registration will not be processed if an emergency name and contact number are not provided.

SIGNATURE: _____ DATE: _____

SELECT YOUR TESTING SESSION

REGISTRATION FEES

- February 1 & 2
- April 12 & 13
- September 13 & 14
- November 1 & 2

	Member	Non-Member
Certification or Recertification	<input type="checkbox"/> \$450	<input type="checkbox"/> \$525
Written Only Exam Fee	<input type="checkbox"/> \$185	<input type="checkbox"/> \$260
Performance Only Exam Fee	<input type="checkbox"/> \$185	<input type="checkbox"/> \$260

For ACI Office Use Only Check # _____ Date _____ Invoice # _____ Confirmation _____ Books _____

Return your registration form and payment to: **Rocky Mountain Chapter - ACI ♦ P.O. Box 9764 ♦ Denver ♦ CO 80209**
Phone: 702-203-7817 ♦ Email: rockymountainaci@outlook.com

Method of Payment Check Visa MasterCard American Express Bill Me-Corporate Members Only

Signature _____

Card Holder Name _____

Credit Card # (Emailing Credit Card Numbers is not recommended) _____

Billing Address for Card _____

Exp. date _____

CCV- Code **MC/Visa** three digits on back of card **AMX** four digits on front

Phone _____