



CONCRETE FIELD TESTING TECHNICIAN CERTIFICATION

2019 ACI TRAINING SEMINAR & EXAM SCHEDULE

FULL	Roanoke	January 8, 9, 10	Virginia Beach	June 18, 19, 20
	Virginia Beach	January 22, 23, 24	Culpeper	June 25, 26, 27
	Richmond	February 5, 6, 7	Roanoke	July 23, 24, 25
	Fredericksburg	February 19, 20, 21	Richmond	August 13, 14, 15
	Harrisonburg	March 5, 6, 7	Fredericksburg	August 27, 28, 29
	Roanoke	March 19, 20, 21	Roanoke	September 10, 11, 12
	Virginia Beach	April 2, 3, 4	Abingdon	September 24, 25, 26
	Culpeper	April 16, 17, 18	Virginia Beach	October 15, 16, 17
	Richmond	April 30, May 1, 2	Richmond	October 29, 30, 31
	Abingdon	May 14, 15, 16	Culpeper	November 5, 6, 7
	Harrisonburg	June 4, 5, 6	Harrisonburg	November 19, 20, 21

COURSE REGISTRATION

Course fee includes 2-day course, ACI workbook and examination. Materials will be provided when you arrive for class. This registration is valid for the 2019 classes only. No refunds or credits will be given after December 15, 2019.

- \$560 per person for non-members
- \$500 per person for VDOT
- \$385 per person for VRMCA members

Exam Retest- *for individuals who have previously taken the ACI class through VRMCA*
You must retest within one year of your original test date.

- \$190 retest fee

CO-SPONSORED BY THE VIRGINIA READY MIXED CONCRETE ASSOCIATION AND AMERICAN CONCRETE INSTITUTE



Register online or complete a registration form for each attendee and mail with your check to:

VRMCA
250 West Main Street, Suite 100
Charlottesville, VA 22902

Company _____
 Attendee's Name _____
 Address _____
 City _____ State ____ Zip _____
 Telephone _____
 Fax _____
 Attendee's Email _____
 Seminar Date _____
 Seminar Location _____

REGISTER TODAY! Classes are limited to the first 35 registrants and tend to fill quickly. Please check the VRMCA website at vrmca.com for class availability.

VIRGINIA READY MIXED CONCRETE ASSOCIATION/ ACI CONCRETE FIELD TESTING TECHNICIAN GRADE I CERTIFICATION REGISTRATION FORM AND INSTRUCTIONS

Name		
Address		
City	State	Zip
Contact E-mail		Phone Number
Emergency Contact Name:		
Emergency Contact Phone Number:		
Class Location	Class Date	

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 am in the process of applying for accommodation in accordance with ADA. ***YOU MUST CHECK AT LEAST 2 OF THE BOXES BELOW.***

- 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.

*All requests for accommodation under ADA must be routed through the ACI Certification Department.

1. ACI Certification instructs the candidate to obtain a letter/note from their physician verifying the need for accommodation and send the original (the candidate is instructed to retain a copy) to ACI Certification; the letter/note must include:
 - a. A diagnosis/description of the candidates medical condition
 - b. Recommended accommodation (s) for the written and/or performance examination
2. ACI Certification reviews the request, either accepting the recommended accommodation or formulating an alternative approach or accommodation.
3. ACI Certification contacts the candidate to obtain acceptance of the accommodation.
4. ACI Certification contacts the Sponsoring Group to arrange the accommodation.
5. The Sponsoring Group contacts the candidate with specific local registration and participation information

SIGNATURE _____ **DATE:** _____