

ACI Concrete Flatwork Finisher & Advanced Finisher Certification **Client Affidavit**

INSTRUCTIONS

This form is for Candidates seeking certification for ACI Concrete Flatwork Finisher or Advanced Finisher for work experience completed by self-employed individuals. If you are not self-employed, please fill out the Work Experience Form. Union participants, please see Instructions for Union Participants. For more information, contact ACI Certification at (248) 848-3790 or www.acicertification.org.

The Candidate completes Section A and Section B and then sends the entire form to the named Respondent, who completes Section C and sends the form directly to ACI. All information must be complete and legible.

SECTION A—To be completed by the Candidate	
Candidate Name:	Certification ID/Last 4 digits of SSN:
Address:	
Candidate Phone: Candidate Email Address:	
SECTION B—To be completed by the Candidate	
Client/Customer/Owner:	
Project Name:	Location:
Project dates from: to= Month & Year Month & Year	Total Months
Project Type: Residential Commercial Industrial	Paving Other:
the stated requirements of the ACI certification program. I agree	tion concerning my work experience and other background relevant to to release and hold harmless any individual, company or institution, aw in supplying such information. I understand that any false information
Candidate's Signature:	Date:
SECTION C—To be completed by the Respondent	
-	er certification has selected you to verify their work experience based on on provided by the Candidate in Section B , and return the form to ACI.
	ve releases you from civil liability regarding statements, provided to the the candidate is freely requesting that you provide this information. If ambiguous, please mark and initial those corrections.
I am a client, customer, or owner of the project completed by the C The information provided in Section B is:	Candidate: Yes No Correct as stated Correct as modified
If any information provided in Section B is incorrect, inconsisten additional comments below, if necessary.	t, or ambiguous, please mark and initial those corrections, and leave
Comments:	
	ided on this form by the Candidate. I have supplied any modifications edge. I submit this form attesting that it contains no misrepresentations
Respondent Signature:	Date:
Respondent Name (Print):	Phone:
Respondent Email:	
Return completed form to ACI: Email: aci.certification@concrete.org	ACI Certification 38800 Country Club Drive

FAX: (248) 848-3793

38800 Country Club Drive Farmington Hills, MI 48331