



**ACI Concrete Flatwork Technician/Finisher Certification**  
**Tuesday, December 6, 2016**  
**The Saratoga Hilton, Saratoga Springs, NY**

9:00 a.m. – 2:00 p.m. Course (includes lunch) - 3:00 p.m. – 5:00 p.m. Written Exam (Travers)

Public and private owners regularly require contractors to provide an ACI certified concrete flatwork technician and/or finisher for flatwork on their projects. Don't lose work due to non-conformance!

**Certification Requirements**

- ACI Flatwork Technician certification will be granted to those examinees who obtain a passing grade (70% or higher) on the written exam.
- ACI Flatwork Finisher certification will be granted to those who obtain a passing grade on the written exam and EITHER a) possess one year (1500 hours) of approved work experience and successfully complete the ACI performance exam, OR b) possess 3 years (4500 hours) of approved work experience and successfully complete the Alternative Performance Affidavit (Form D16).
- Recertify every five years by passing the written exam.

**YOU MUST PRE-REGISTER BEFORE FRIDAY, NOVEMBER 11 IN ORDER TO RECEIVE COURSE MATERIALS AND TO SUBMIT YOUR EXPERIENCE DOCUMENTATION IN ADVANCE. (see below)**

**ACI Flatwork certification information:**

<http://www.concrete.org/certification/>

**ACI Work Experience Form D16:**

<http://www.concrete.org/Certification/>

**ACI Finisher work experience instructions:**

<http://www.concrete.org/Certification/>

**Fees: Training Course - \$325 (Includes work book, lunch and written exam.)**

**Performance Exam (if needed, will be offered separate from this course and written exam.)**

**You will need to register as an attendee to this session. This is not included in the registration fee.**

1. \_\_\_\_\_ 3. \_\_\_\_\_  
 2. \_\_\_\_\_ 4. \_\_\_\_\_

Please charge my credit card: \$ \_\_\_\_\_ Firm: \_\_\_\_\_

**Address where pre training materials are to be sent:** \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Street Number only: \_\_\_\_\_ Zip Code: \_\_\_\_\_ (for billing address)

Signature: \_\_\_\_\_

**Please return form to the AGC NYS, 10 Airline Drive, Suite 203, Albany, NY 12205**

**To return via fax – 518-456-1198 - To return via email – [bryanna@agcnys.org](mailto:bryanna@agcnys.org)**