ASA Work Experience Form - For qualification to participate in an ASA sponsored ACI Shotcrete Nozzleman Certification session

New Certification: 500 hours of verified work experience as a shotcrete nozzleman, with at least 100 hours in the process and orientation for which certification is sought is a prerequisite. If using a remotely manipulated nozzle a minimum of 200 hours of the 500 total hours must be with hand nozzling.

Re-certification: 1000 hrs of verified work experience as a shotcrete nozzleman per process (wet- or dry-mix) with at least 200 hrs in the process for which recertification is sought within the 2 years immediately prior to seeking recertification or possessing an average of 500 hrs/year with at least 100 hrs in the process & orientation for which certification is sought within the last 5 years immediately prior to seeking recertification, is a prerequisite to participate in an ACI Shotcrete Nozzleman Recertification Session without retaking the written exam. If the written exam will be retaken, the originally submitted 500 hrs stand & no additional hours are required.

Nozzleman-In-Training (NIT): a minimum of 25 hours of vertical work experience in the process being sought. NITs are not allowed to shoot overhead.

Instructions: Complete and e-mail this form to ASA Staff at info@Shotcrete.org or fax to (248) 965-9188 I authorize those whom I have given as references to furnish to the American Shotcrete Association or it's agent's information concerning my work experience.I agree to release and hold harmless any individual, Nozzleman Applicant Printed Name Date Signature company or institution, including the American Concrete Institute, the American Shotcrete Association, and any persons connected there with from liability imposed by law in furnishing such information. I have honestly completed Applicant's Employer- Printed Name & Title Date Signature or reviewed the information being submitted on this form. All statements herein conform to the truth, to the best of my knowledge. I submit this form in the belief that it contains no misrepresentations whatsoever. ACI Examiner of Record Signature Date 0

Calculated Hours documented on this form:

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#	Project Name	Project Location	Employer	Contact Name & Phone Number for Verification	Begin Date	End Date	Wet OR	Orientation: Vertical OR	Hours:	Scope of Work (Include approximate total cubic yards or square feet placed by nozzleman)
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3										
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6										
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#	Project Name	Project Location	Employer	Contact Name & Phone Number for Verification	Begin Date	End Date	Process: Wet OR Dry Mix	Orientation: Vertical OR Overhead	Hand OR Remote	Hours:	Scope of Work (Include approximate total cubic yards or square feet placed by nozzleman)
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Applicant Name	Examiner Signature	Date	/	<i></i>
Applicant Name	Examiner Signature	Date	!	/

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Applicant Name	Examiner Signature	Date	/	<i></i>
Applicant Name	Examiner Signature	Date	!	/

	Project Name	Project Location	Employer	Contact Name & Phone Number for Verification	Begin Date	End Date	Process: Wet <u>OR</u> Dry Mix	Orientation: Vertical OR Overhead	Hand <u>OR</u> Remote	Hours:	Scope of Work (Include approximate total cubic yards or square feet placed by nozzleman)
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Applicant Name	Examiner Signature	Date	1	I

Project Name	Project Location	Employer	Contact Name & Phone Number for Verification	Begin Date	End Date	Process: Wet OR Dry Mix	Orientation: Vertical OR Overhead	Hand OR Remote	Hours:	Scope of Work (Include approximate total cubic yards or square feet placed by nozzleman)
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Applicant Name	Examiner Signature	Date	/	<i></i>
Applicant Name	Examiner Signature	Date	!	/

Project Name	Project Location	Employer	Contact Name & Phone Number for Verification	Begin Date	End Date	Process: Wet <u>OR</u> Dry Mix	Orientation: Vertical OR Overhead	Hand OR Remote	Hours:	Scope of Work (Include approximate total cubic yards or square feet placed by nozzleman)
	Project Name	Project Name Project Location Project Location	Project Name Project Location Employer Project Location Employer Project Location Employer Project Location Employer	Project Name Project Location Employer Contact Name & Phone Number for Verification Contact Name & Phone Number for Verification Contact Name & Phone Number for Verification Contact Name & Phone Number for Verification	Project Name Project Location Employer Contact Name & Phone Number for Verification Begin Date I I I I I I I I I I I I I I I I I I I	Project Name Project Location Employer Contact Name & Phone Number for Verification Begin Date End Date Date Date Date Date Date Date Date	Number for Verification Date Wet OR	Number for Verification Date Wet OR Vertical OR	Number for Verification Date Wet OR Vertical OR Remote	Project Name Project Location Employer Contact Name & Phone Number for Verification Date Date Date Date Date Date Date Date

Applicant Name	Examiner Signature	Date	/	<i></i>
Applicant Name	Examiner Signature	Date	!	/

#	· F	Project Name	Project Location	 Contact Name & Phone Number for Verification	Begin Date		Orientation: Vertical OR Overhead		Scope of Work (Include approximate total cubic yards or square feet placed by nozzleman)
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10	0								

Applicant Name_____ Examiner Signature _____ Date___/__/