



# CONCRETE FIELD TESTING TECHNICIAN CERTIFICATION

## ACI EXAM SCHEDULE

Classes shown were available as of August 12, 2024 9:10 am.

<del>FULL</del> <del>Richmond - Colonial Heights</del>	<del>Aug 14 - 15, 2024</del>	<del>FULL</del> <del>Roanoke - Chandler Concrete</del>	<del>Sep 25 - 26, 2024</del>
FULL Fredericksburg - Hampton Inn Stafford/Quantico & <del>Conference Center</del>	Aug 28 - 29, 2024	Virginia Beach Law Enforcement Training Academy	Oct 9 - 10, 2024
Virginia Beach - Tidewater Community College	Sep 17 - 18, 2024	Richmond - Colonial Heights	Oct 23 - 24, 2024

## EXAM REGISTRATION

Exam fee includes online self-study and examination. This registration is valid for the exam sessions listed only. **No credits or refunds will be given after December 15 of the exam year.**

- \$675 per person for non-members
- \$590 per person for VDOT
- \$475 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.

- \$275 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 \_\_\_\_\_

Exam Date \_\_\_\_\_

Exam Location \_\_\_\_\_

\*For retest include date and location of failed exam \_\_\_\_\_

**REGISTER TODAY!** Classes are limited to the first 35 registrants and tend to fill quickly. Please check the VRMCA website at [vrmca.com](http://vrmca.com) for Exam availability.



## AMERICANS WITH DISABILITIES ACT (ADA) FORM AND INSTRUCTIONS FOR ACI CONCRETE FIELD TESTING TECHNICIAN GRADE I REGISTRATION SPONSORED BY THE VIRGINIA READY MIXED CONCRETE ASSOCIATION

Name		
Address		
City	State	Zip
Contact E-mail	Phone Number	
Emergency Contact Name:		
Emergency Contact Phone Number:		
Exam Location:	Exam 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: \_\_\_\_\_