



ASBI Grouting 2010 Recertification Application Form

Certified Grouting Technicians from the Class of 2005 must now recertify their credential to maintain their status as a Certified Grouting Technician.

Requirements for Recertification are as follows:

1. Complete the 2010 Recertification Application Form with an e-mail address. The e-mail address will be required for the online examination access.
2. Provide verifiable documentation of an additional 1½ years of experience in construction of grouted post-tensioned structures to the ASBI office. The verifiable experience should include the project name, project start date/end date, and a brief description of the experience in construction of grouted post-tensioned structures. Use as many additional sheets as necessary.
3. Mail the examination fee of \$300.00 payable to ASBI, 142 Cimarron Park Loop, Suite F, Buda, TX 78610-2837. Credit card payments are accepted and wire transfer information will be provided upon request.
4. Completion of an internet-based examination.

Florida DOT Construction Training and Qualification Program (CTQP)

By recertifying your Certified Grouting Technician certificate you continue to qualify for the FDOT Level II CTQP. The CTQP is required for Contractor's grouting crew foreman.

Full Name: _____
(as you would like it to appear on your certificate)

E-mail Address Required: _____

Company: _____

Mailing Address: _____

City/State/Zip Code: _____

Phone: _____

Fax: _____

I plan to recertify my status as a Certified Grouting Technician.

I do not plan to recertify my status as a Certified Grouting Technician at this time, please update my information.

Verifiable Experience

Project Name: _____

Project Start Date: _____ **Project End Date:** _____

Brief description of the experience in construction of grouted post-tensioned structures:

Additional space is provided on page two.

Project Name: _____

Project Start Date: _____ **Project End Date:** _____

Brief description of the experience in construction of grouted post-tensioned structures:

Project Name: _____

Project Start Date: _____ **Project End Date:** _____

Brief description of the experience in construction of grouted post-tensioned structures:

Project Name: _____

Project Start Date: _____ **Project End Date:** _____

Brief description of the experience in construction of grouted post-tensioned structures:

Project Name: _____

Project Start Date: _____ **Project End Date:** _____

Brief description of the experience in construction of grouted post-tensioned structures:

Submit to:

ASBI
142 Cimarron Park Loop, Suite F
Buda, TX 78610-2837

Online submission www.asbi-assoc.org or e-mail info@asbi-assoc.org