



TO: ACI CERTIFICATION APPLICANT
FROM: IDAHO CONCRETE AND AGGREGATE PRODUCERS ASSOCIATION (ICAPA)
RE: **REGISTRATION FOR THE AMERICAN CONCRETE INSTITUTE EXAMINATION
CERTIFICATION FOR CONCRETE STRENGTH TESTING TECHNICIAN**

ICAPA is offering the ACI Examination Certification for Concrete Strength Testing Technician:

EXAM DATE: **Friday, July 10, 2020 8am-5pm**

PLACE: **Homewood Suites by Hilton, 7957 West Spectrum Way, Boise ID**

The test program includes a minimal review and administration of the written and performance exams. The review will include:

ASTM C-39	STANDARD TEST METHOD FOR COMPRESSIVE STRENGTH OF CYLINDRICAL CONCRETE SPECIMENS
ASTM C-78	STANDARD TEST METHOD FOR FLEXURAL STRENGTH OF CONCRETE (USING SIMPLE BEAM WITH THIRD POINT LOADING)
ASTM C-617	STANDARD PRACTICE FOR CAPPING CONCRETE SPECIMENS
ASTM C-1231	STANDARD PRACTICE FOR USE OF UNBONDED CAPS IN DETERMINATION OF COMPRESSIVE STRENGTH OF HARDENED CONCRETE CYLINDERS

A complete review of the test procedures will not be provided. This is not a training class and technicians are expected to be familiar with testing equipment and competent in conducting strength testing methods.

The agenda for the day will be:

- 8:00 a.m. – check in and review exam administration and protocol
- 8:15 a.m. - minor review of field testing procedures – question and answer session
- 9:00 a.m. – written exam will be administered
- 10:00 a.m. – performance exam will be administered
- Lunch will be provided at the test facility

Applicants are required to bring #2 pencils, proof of identification, and a non-programmable calculator. Programmable calculators or cell phones will not be allowed in the written exam. Lunch will be provided at the testing facility.

Registration is limited to the first 10 applicants. It is very important to register as soon as possible so you have adequate time to receive and review study materials prior to the examination. The exam is based on information contained in the publication of ACI CP-19 23rd Edition. **ALL RECERTIFICATIONS** require successful completion of both the written and performance portions of the exam.

Please fill out the attached registration form and mail with your **check** made payable to **ICAPA** to the indicated address by **Thursday, June 25, 2020**. Your test will not be administered without payment. **To HOLD your place in the class and receive your study material early you may e-mail your completed registration form to icapaidaho@gmail.com–
Registration forms **MUST** be received by **June 25, 2020**. To **GUARANTEE** your place in class, payment **MUST** be received three days before testing date.**

For further information please contact Larry Hanover at 208-991-6691, or Teresa Axtell, ICAPA Secretary at 208-249-5857.

SEE REGISTRATION FOR CANCELING – SUBSTITUTING POLICY.



American Concrete Institution
Concrete Strength Testing Technician – Registration Form – BOISE, ID

Name, Address, City/State/Zip, Email, Company, Work Phone, Cell Phone, Fax, CURRENT ACI CERTIFICATION NUMBER

Sessions may be canceled or rescheduled thru June 25, 2020 without incurring any additional charges. Late Registrations, canceling or rescheduling after June 25, 2020 will result in a \$100 fee.

Payment must accompany this form to secure a place in the session. E-mailing completed form will hold a place in class and get study material sent. PAYMENT must be received three days before test.

Table with 4 columns: Category (ICAPA Member, Non-Member, Full-Time Student), Fee (\$360.00, \$435.00, \$235.00), Retest Fee (\$250.00, \$325.00), and Notes (Copy of current student ID and course registration must accompany this registration)

RECERTIFICATION requires full registration

RETEST : Only for applicants who have taken the exam within the last year, and failed one or both of the exams (written or practical or both).

EXAM Only July 10, 2020 8am-5pm
Homewood Suites by Hilton, 7957 W. Spectrum Way, Boise, ID 83709

Check here If you have food allergies that may require special meals or if you have a disability that may impact your participation in this exam. Please attach a statement regarding your needs. Prior notification is required to assure we can accommodate your requests.

PAYMENT:

AMOUNT \$, CHECK # OR CREDIT CARD, CARD NUMBER, EXP. DATE, CVV CODE, NAME ON CARD, BILLING ADDRESS OF CARD, CITY, STATE, ZIP, SIGNATURE, E-MAIL

Credit Cards will be charged a 4.5% convenience fee.

Please print clearly and complete one registration form per applicant.

Registration forms can be e-mailed to icapaidaho@gmail.com or mailed to PO Box 8646, Boise, Idaho 83707