

ASA Shotcreter Experience Summary

ASA Work Experience Form For qualification to participate in an ASA sponsored ACI Shotcreter Certification session

Hours nozzling = the time the shotcreter is physically controlling the nozzle. Recertifying shotcreters who retake their written exam need not submit additional hours.

New Certification: 500 hours of verified work experience as a shotcreter, 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: To recertify with an oral interview instead of retaking the written exam, shotcreter must have 500 hours of work experience as a shotcreter (wet mix or dry mix) with at least 100 hours in the process and the orientation for which recertification is sought within the two (2) years immediately prior to seeking recertification. Hours documented on the work experience form must be the time the shotcreter is physically controlling the nozzle. If the recertifying shotcreter takes the written exam instead of the oral exam, no work experience form to document additional hours is required.

Shotcreter-In-Training (SIT): a minimum of 25 hours of vertical hand nozzling experience in the process being sought. SITs 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, 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 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.

Shotcreter Applicant Printed Name	Date	Signature
Applicant's Employer- Printed Name & Title	Date	Signature
ACI Examiner of Record	Date	Signature

Calculated Hours documented on this form: 0

#	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)
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											

ASA Nozzleman Experience Summary

#	Project Name	Project Location	Employer	Contact Name & Phone Number for Verification	Begin Date	End Date	Process: Wet <u>OR</u> Dry Mix	Orientation: Vertical <u>OR</u> Overhead	Hand <u>OR</u> Remote	Hours:	Scope of Work (Include approximate total cubic yards or square feet placed by nozzleman)
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
32											

Applicant Name _____

Examiner Signature _____

Date ____ / ____ / ____

ASA Nozzleman Experience Summary

#	Project Name	Project Location	Employer	Contact Name & Phone Number for Verification	Begin Date	End Date	Process: Wet <u>OR</u> Dry Mix	Orientation: Vertical <u>OR</u> Overhead	Hand <u>OR</u> Remote	Hours:	Scope of Work (Include approximate total cubic yards or square feet placed by nozzleman)
33											
34											
35											
36											
37											
38											
39											
40											
41											
42											
43											
44											
45											
46											
47											
48											
49											
50											
51											
52											
53											

Applicant Name _____

Examiner Signature _____

Date ____ / ____ / ____

ASA Nozzleman Experience Summary

#	Project Name	Project Location	Employer	Contact Name & Phone Number for Verification	Begin Date	End Date	Process: Wet <u>OR</u> Dry Mix	Orientation: Vertical <u>OR</u> Overhead	Hand <u>OR</u> Remote	Hours:	Scope of Work <i>(Include approximate total cubic yards or square feet placed by nozzleman)</i>
54											
55											
56											
57											
58											
59											
60											
61											
62											
63											
64											
65											
66											
67											
68											
69											
70											
71											
72											
73											
74											

Applicant Name _____

Examiner Signature _____

Date ____ / ____ / ____

ASA Nozzleman Experience Summary

#	Project Name	Project Location	Employer	Contact Name & Phone Number for Verification	Begin Date	End Date	Process: Wet <u>OR</u> Dry Mix	Orientation: Vertical <u>OR</u> Overhead	Hand <u>OR</u> Remote	Hours:	Scope of Work (Include approximate total cubic yards or square feet placed by nozzleman)
75											
76											
77											
78											
79											
80											
81											
82											
83											
84											
85											
86											
87											
88											
89											
90											
91											
92											
93											
94											
95											

Applicant Name _____

Examiner Signature _____

Date ____ / ____ / ____

ASA Nozzleman Experience Summary

#	Project Name	Project Location	Employer	Contact Name & Phone Number for Verification	Begin Date	End Date	Process: Wet <u>OR</u> Dry Mix	Orientation: Vertical <u>OR</u> Overhead	Hand <u>OR</u> Remote	Hours:	Scope of Work <i>(Include approximate total cubic yards or square feet placed by nozzleman)</i>
96											
97											
98											
99											
100											

Applicant Name _____

Examiner Signature _____

Date ____ / ____ / ____