



# PTI Certification of Field Personnel

## APPLICATION FOR PTI CERTIFICATION RENEWAL

38800 Country Club Drive  
Farmington Hills, MI 48331  
Phone: (248) 848-3180  
Fax: (248) 848-3181  
www.post-tensioning.org

*PLEASE PRINT LEGIBLY AND COMPLETE ALL REQUESTED INFORMATION.  
ALL INFORMATION GIVEN WILL BE HELD IN STRICT CONFIDENCE.*

NAME		<i>First</i>	<i>Initial</i>	<i>Last</i>	<i>Suffix</i>
HOME STREET ADDRESS					
CITY			STATE	ZIP	
TEL. NO. ( )			E-MAIL		
Last 4 Digits of Your Social Security No.					

### CURRENT EMPLOYMENT

COMPANY NAME					
ADDRESS					
CITY			STATE	ZIP	

#### PLEASE CHECK ALL THAT APPLY

INSTALLER / IRONWORKER       SUPERVISOR       COORDINATOR/ INSTRUCTOR

### UNION INFORMATION

UNION LOCAL NO.					
ADDRESS					
CITY			STATE	ZIP	
TEL. NO. ( )			FAX ( )		

### CERTIFICATION INFORMATION

<b>DESIRED CERTIFICATION RENEWAL(S)</b> <i>PLEASE CHECK ALL THAT APPLY:</i>	CURRENT CERTIFICATION EXPIRATION DATE	CERTIFICATION ID No.
<input type="checkbox"/> LEVEL 1 UNBONDED PT IRONWORKER		
<input type="checkbox"/> LEVEL 2 UNBONDED PT IRONWORKER		
<input type="checkbox"/> LEVEL 1 BONDED PT IRONWORKER		
<input type="checkbox"/> LEVEL 2 BONDED PT IRONWORKER		

I hereby certify that the above information is true and correct. I understand that falsifying information on this document could result in revocation of my PTI certification(s).

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE

RETURN FORM TO: [Kimberley.curtis@post-tensioning.org](mailto:Kimberley.curtis@post-tensioning.org)