



American Segmental Bridge Institute

ASBI Grouting 2024 Recertification Application Form

Your Grouting Technician certificate is now due for renewal.

Requirements for Recertification are as follows:

1. Complete the 2024 Recertification Application Form with an e-mail address. The e-mail address will be required for the online examination access. There is no charge for DOT employees.
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 to 9901 Brodie Lane, Suite 160, PMB 516, Austin, TX 78748.
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: _____

- 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.



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Experience form may also be completed online:

<https://i5mc1f.p3cdn1.secureserver.net/wp-content/uploads/2024/01/Technician-Experience-Form.pdf>

If you wish to maintain your status as a Certified Grouting Technician, please 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.

Full Name: _____

E-mail Address: _____

Company: _____

Mailing Address: _____

City/State/Zip Code: _____

Phone: _____

Verifiable Experience

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:



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Project Name: _____

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

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Project Name: _____

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

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