



INTERNAL USE ONLY  
 Accepted  Declined   
 Date \_\_\_\_\_

# Application for ACPA Authorized Training Administrator (ATA)

Name \_\_\_\_\_  
 Company Name (if applicable) \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Alt phone \_\_\_\_\_  
 Email \_\_\_\_\_

Eligibility is based on the requirements below. Please indicate your experience time and/or provide a brief description of “demonstration of understanding the safety rules to the ACPA Committee”.

*Possess a minimum of three (3) years’ experience in the concrete pumping industry which can be fulfilled with any combination of the following:*

- Experience Time
- Operating a concrete pump
- Materially participating in the management of a concrete pumping company’s operations
- Acting in the role as the ACPA Member’s designated Safety Director

OR

- Have demonstrated a broad understanding of the industry and the safety rules being presented, to an ACPA Authorized ATA

**Explanation:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

I affirm that my experience time and explanation on this application is a true and accurate statement under penalty of disqualification from the ACPA ATA program

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_