



Asphalt Level 2 Technician Certification Experience Form

In order to be certified by the SCDOT as an Asphalt Level 2 Technician, an individual needs to have a minimum level of familiarity and experience with the related test procedures, forms, specifications, and general operations. The signature on this form attests that the individual has **demonstrated** to a certified Level 3 or Level 2 Technician (hereafter referred to as the "Rater") his/her experience in the areas indicated. This form must be submitted at least one (1) month prior to the class. Applicants without the appropriate completed experience form submitted by the deadline will have their class space forfeited. Refer to the SCDOT Technician Certification Policy at www.scdot.org for additional information. This form should be submitted to:

Tri-County Technical College
Attn: SCDOT Certification
Corporate & Community Education Division
PO Box 587
Pendleton, SC 29670
Phone: (864) 646-2045
Email: conted@tctc.edu

Applicant's Name Phone

Company

Address

Email

I. General information for determining asphalt Applicant's qualification:

1. Applicant is a certified Level 1 technician. _____
Rater's Initials
 - Applicant's SCDOT Level 1 Certification No.: _____
2. Applicant has demonstrated laboratory testing of aggregates, blending, and batching. _____
Rater's Initials
3. Applicant has demonstrated the ability to make and test gyratory compactor specimens. _____
Rater's Initials
4. Applicant has demonstrated an understanding of weight-volume relationships. _____
Rater's Initials
5. Applicant is familiar with SCDOT asphalt specifications. _____
Rater's Initials
6. Applicant has demonstrated the ability to properly prepare an asphalt Job Mix Formula. _____
Rater's Initials

II. Applicant has **six months minimum** related experience in asphalt quality control. _____ *Rater's Initials*

* SCDOT only: If applicant does not have at least 6 months experience, signature of the DCE is **required**.

DCE Signature

*Note: Integrity is the backbone of any quality control program. By signing this form, I am certifying that I have **personally witnessed** the above individual complete the items stated and understand that the SCDOT Technician Certification Board will take action against me for any falsification of documents.*

_____ Rater's Signature	_____ Applicant's Signature
_____ Rater (Print Name)	_____ Date Signed
_____ Rater SCDOT Level 3 or Level 2 Certification No.	