



Asphalt Roadway Technician Certification Experience Form

In order to be certified by the SCDOT as an Asphalt Roadway Technician (ART), 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 ART 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 more 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:

- Applicant is proficient with establishing and monitoring roller patterns following SCDOT procedures. _____
Rater's Initials
- Applicant is proficient with monitoring ambient air and asphalt mix temperatures following SCDOT procedures. _____
Rater's Initials
- Applicant has demonstrated the calculation of tack rate and mix application rate following SCDOT procedures. _____
Rater's Initials
- Applicant has demonstrated working knowledge of SCDOT specifications related to asphalt placement and compaction. _____
Rater's Initials

II. Applicant has **six months minimum** directly related experience in asphalt roadway construction and testing which includes **SCT 65, SCT 84, SCT 85, SCT 86, SCT 87, and SCT 101.** _____
Rater's Initials

OR

Applicant has completed an SCDOT approved training course (see Policy) and has an equivalent of 1 month full-time related work experience. _____
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 ART Certification No.	