

**NORTH CAROLINA
DEPARTMENT OF TRANSPORTATION**

REV.11/23/09

**QMS Asphalt Roadway Technician
Experience Certification**

***ONLY TO BE COMPLETED BY A SUPERVISOR WHO HAS DIRECT
KNOWLEDGE OF THE TECHNICIAN'S ASPHALT ROADWAY PAVING
AND INSPECTION EXPERIENCE.***

Technician's
Name: _____

(Last)

(First)

(Middle initial)

S.S. #(Last 4 Digits Only) _____

NCDOT (Check if applicable)
Only)

Division No. _____ / Personnel No. _____ NCDOT

Non - NCDOT (Check if applicable)

Company/Agency: _____

Company / Agency Mailing Address: _____
(Non-DOT Only) *(Street, Route, or Box #)*

(City or Town)

(State)

(ZIP Code)

Contact Telephone #:(_____) _____

I certify that the above named person has satisfactorily performed a minimum of one year's asphalt roadway paving and/or inspection work and is adequately knowledgeable of all roadway paving operations and related requirements. By signing this certification, I attest to the accuracy of this statement and certify that no deliberate misrepresentation of the facts has occurred.

Printed Name of Certifying Person

Title

Signature

Date

NOTE : This completed certification is to be attached to the OJT Checklist and mailed with the class application to the : ***NCDOT Asphalt Design Engineer, Materials and Tests Unit, 1563 Mail Service Center, Raleigh, N.C. 27699-1563.***