

APPENDIX A

**WSDOT WAQTC TRANSPORTATION TESTING TECHNICIAN
QUALIFICATION PROGRAM**

REGISTRATION FORM FOR WSDOT EMPLOYEES

Name:		Region:	
Phone #:		Office:	
Email Address:		Supervisor:	
WAQTC Certified: Yes <input type="checkbox"/> No <input type="checkbox"/>	WAQTC ID#:		

Desired Certification / Method Qualification (select one qualification per form submitted) Original: <input type="checkbox"/> Renewal: <input type="checkbox"/>	
<input type="checkbox"/> Aggregate Testing Technician (AgTT)	<input type="checkbox"/> Asphalt Testing Technician II (AsTT-II)
<input type="checkbox"/> Concrete Testing Technician (CTT) / ACI	<input type="checkbox"/> Sampling Technician (ST)
<input type="checkbox"/> In-Place Density Testing Technician (DTT)	<input type="checkbox"/> Embankment and Base Testing Technician (EBTT)
<input type="checkbox"/> Embankment and Base / In-Place Density Testing Technician (EBTT/DTT)	
<input type="checkbox"/> Method Qualified Testing Technician (MQTT) / Identify Test Method: _____	

Testing Technicians seeking Certification/Qualification in one of the designated specialties should consult WSDOT's Registration, Policies & Information Handbook (RP&IH) for Certification/Qualification criteria, prerequisites, other policies and requirements, and general information.

Please do not write below this line. For Administration use only.

Written Examination Date:		Administrator:	
Pass <input type="checkbox"/> Fail <input type="checkbox"/>		WAQTC ID#:	
Performance Examination Date:		Examiner:	
Pass <input type="checkbox"/> Fail <input type="checkbox"/>		WAQTC ID#:	

Signature of WQC Chair or Designee:	WAQTC ID#:	
	Date:	