REGISTRATION FORM WSDOT EMPLOYEES

WSDOT TESTING TECHNICIAN QUALIFICATION PROGRAM (WTTQP / WAQTC)

Name:	First Mi Last	Region:	
Phone:		Office Org. Code:	
Email :		Supervisor:	
WTTQP/WAQTC Certified: Yes ☐ No ☐		WTTQP/WAQTC ID#:	

Desired Certification / Method Qualification
(Select one qualification per form submitted)

Original: ☐	Reciprocity: ☐	Renewal: ☐
☐ Aggregate Testing Technician (AgTT)		☐ Asphalt Testing Technician II (AsTT-II)
☐ Concrete Testing Technician (CTT) / ACI		☐ Concrete Strength Testing Technician (CSTT) / ACI
☐ In-Place Density Testing Technician (DTT)		☐ Embankment and Base Testing Technician (EBTT)
☐ Sampling Technician (ST)		☐ Method Qualification *Document Method(s):* _____

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.

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

Written Examination Date:		Administrator:	
Pass ☐ Fail ☐		WTTQP ID#:	
Performance Examination Date:		Examiner:	
Pass ☐ Fail ☐		WTTQP ID#:	

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