

REGISTRATION FORM **NON-WSDOT EMPLOYEES**

WSDOT TESTING TECHNICIAN QUALIFICATION PROGRAM (WTTQP / WAQTC)

Name:	<small>First</small> <small>Mi</small> <small>Last</small>	Personal Address:	
Phone:			
Email:			
Employer:		Technical Director Email:	
WAQTC/WTTQP Certified: Yes <input type="checkbox"/> No <input type="checkbox"/>		WAQTC/WTTQP ID#:	

Desired Certification / Method Qualification		
(Select one qualification per form submitted)		
Original: <input type="checkbox"/>	Reciprocity: <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"/> Concrete Strength Testing Technician (CSTT) / ACI	
<input type="checkbox"/> In-Place Density Testing Technician (DTT)	<input type="checkbox"/> Embankment and Base Testing Technician (EBTT)	
<input type="checkbox"/> Sampling Technician (ST)	<input type="checkbox"/> Method Qualification <i>Document Method(s):</i> _____	

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

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