



# 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](http://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 Fax: (864) 646-1894  
Email: [mmraovic@tctc.edu](mailto:mmraovic@tctc.edu)

\_\_\_\_\_  
Applicant's Name Phone  
\_\_\_\_\_  
Company  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
Email

I. General information for determining asphalt applicant's qualification:

- 1. Applicant is proficient with establishing and monitoring roller patterns following SCDOT procedures. \_\_\_\_\_  
*Rater's Initials*
- 2. Applicant is proficient with monitoring ambient air and asphalt mix temperatures following SCDOT procedures. \_\_\_\_\_  
*Rater's Initials*
- 3. Applicant has demonstrated the calculation of tack rate and mix application rate following SCDOT procedures. \_\_\_\_\_  
*Rater's Initials*
- 4. 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.	