



**SCDOT Coarse Aggregate Level I Sampling and Grading Technician
Experience and Proficiency Form**

Name:		Employer:
Mailing Address:		
City:	State:	Zip Code:
Work Phone:	Work Fax:	
Supervisor/Contact Person:		
E-mail Address for Contact:		

For **initial certification**, all sections must be completed. For **re-certification**, complete sections 2 and 3.

Section 1: General Knowledge (to be signed by SCDOT-certified Level II Aggregate Technician)

I certify that the individual named above has a minimum 6 months related experience with coarse aggregates and is familiar with SCDOT specifications, testing procedures, and proper aggregate handling procedures. He/she has studied the materials required for certification and is capable of competently performing the tasks required.

Signed:

Name (Printed):	Level II Certification No. and Expiration Date:
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* If applicant does not have at least 6 months experience, a waiver can be requested from the Office of Materials and Research at shorttk@scdot.org.

Section 2: Demonstration of Testing Competence (to be signed by SCDOT-certified Coarse Aggregate Level II Testing Technician who does NOT work for the applicant's employer.)

I certify that I have personally witnessed the above listed applicant proficiently perform the following tests without assistance.

- AASHTO R 90 – Sampling Aggregate Products
- AASHTO R76 (ASTM C 702) – Standard Practice for Reducing Samples of Aggregate to Testing Size
- AASHTO T27 (ASTM C 136) – Standard Method for Sieve Analysis of Fine and Coarse Aggregates (Coarse Aggregates Only)

Date Tests Observed: _____ (must be within 6 months of test date)

Signed:

Name (Printed):	Level II Certification No. and Expiration Date:
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Current Employer:

Section 3: Written Test (to be completed by the applicant.)

I certify that I have completed the applicable sections as listed above. I am applying to take the written test on:
(Test Date) _____

Note: This completed form must be received by Tri-County Technical College (TCTC) **no later than two weeks prior to the test date**. A confirmation of the test date will be provided by fax or email. I understand that TCTC is not responsible for lost or misdirected applications.

Signed:

Name (Printed):	Certification No. and Expiration Date (recertification only):
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Rev 11/13; 6/16, 10/21

Instructions:

Complete the information above and fax, mail, or email this form to:

mmraovic@tctc.edu
Fax: (864) 646-1894

Tri-County Technical College
Attention: SCDOT Certification
Corporate and Community Education Division
PO Box 587
Pendleton, SC 29670

Upon receipt of this form AND receipt of your online registration, you will be sent a confirmation indicating you are scheduled to take the test. **Please bring the confirmation and a valid photo ID to the location indicated on the confirmation.** We are unable to accommodate walk-in applicants. If you have not received confirmation ten days prior to the test, please email or call Myrtle Mraovich at 864-646-2045.