

MARYLAND STATE HIGHWAY ADMINISTRATION
OFFICE OF MATERIALS TECHNOLOGY
TECHNICIAN CERTIFICATION PROGRAM APPLICATION

Application For: *(Please Check Only One)*

- | | |
|--|---|
| <input type="checkbox"/> New Certification | <input type="checkbox"/> Retest |
| <input type="checkbox"/> Re-Certification | <input type="checkbox"/> Information Update |
| <input type="checkbox"/> Reciprocal Certification
<i>(Attach copy of Certification from another approved Certifying Organization)</i> | |

(Please Check Only One)

- | | |
|--|--|
| <input type="checkbox"/> Soils & Aggregate Compaction Technician | <input type="checkbox"/> Asphalt Field Technician |
| <input type="checkbox"/> Aggregate Technician | <input type="checkbox"/> Asphalt Plant Tech. Level 1 |
| <input type="checkbox"/> Concrete Field Technician | <input type="checkbox"/> Asphalt Plant Tech. Level 2/Superpave |
| <input type="checkbox"/> Concrete Plant Technician | <input type="checkbox"/> Pavement Marking Technician |
| <input type="checkbox"/> Inertial Profiler Operator | |

(PLEASE PRINT CLEARLY)

Technician's Information

First Name: _____ **MI:** _____ **Last:** _____

Home Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Mobile Phone: _____ **Email:** _____ **Date of Birth:** _____

SHA/District Office Only: _____

Employer's Name: _____

Employer's Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Employer Phone No: _____ **Invoice Contact:** _____

Comments/Additional Information: _____

Signature: _____ **Date:** _____

Email: martcp@mdot.maryland.gov