

## North Carolina Department of Transportation

AP	PLICATIO	N FOR I	PAVEMENT N	MARKI	NG TE	CHNICL	AN CERTIF	ICATION	Date of Applica	ation	
							copy of current driver's license/state ID				
Last Name				Suffix	First N	lame		Middl	Middle Name		
Address (Street Number and Name)						City					
State Z	State Zip Code Telephone number ( )					Driver's	Driver's License Number		Driver's License State		
Employer: Supervisor's name: Length of Employment											
Employer:			Supervisor's name:					yrs mos			
Address (Street Number and Name)				City			State		Zip Code		
Business Telephone Number:			Fax Number:		MSC # (NO		CDOT only): Email address:				
Previous E	Employer if you	with current employe	less than 3 years.								
Employer:				Supervis	Supervisor's name:				Length of Employment yrs mos		
Address (Street Number and Name)				City				State	Zip Code		
Business Telephone Number:			Fax Number:		MSC #	(NCDOT only)	): Email:	_	L		
			( )								
Under <i>either</i> 'Installing Hours' or 'Inspecting Hours', list the individual hours you have spent <i>either</i> properly installing or inspecting that Material with the Calendar Year(s) and State(s) that the work occurred. Applicant does NOT need to have worked in ALL materials. [Min. 2000 TOTAL hours.]											
N	laterial	Ins	stalling Hours	Ins	pecting	Hours	Calendar	Year(s)	State(s)		
Paint											
Molten The	ermo										
Heated-In-Place Thermo											
Polyurea											
Ероху											
Removable Tapes											
Permanent Tapes											
Markers – Stick-On											
Markers – Cast Iron											
Misc. Marking Operations											
TOTAL:		_:									
Have you attended NCDOT Pavement Marking Certification Training? YES NO If yes, when (MM / DD / YYYY):											
Have you previously received a NCDOT Pavement Marking Technician Certification Number? 🗌 YES 🔲 NO											
If 'YES', download and fill out the NCDOT Renewal Application for Pavement Marking Technician Certification.											
I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application. I have attached a <b>photocopy of my current driver's license or state ID</b> . I understand that I will be charged \$50 if I lose my card or need a replacement card for any other reason. I understand that only one (1) replacement card will be allowed in the three (3) year certification period.											
Print Name of Applicant Signature of Applicant (Note: Photocopy of certification card and current driver's license or state ID must be attached.) Signature of Applicant (Note: Unsigned applications will not be processed.) Date											
I certify that the above-signed applicant has given true, accurate and complete information on this form to the best of my knowledge. I confirm this applicant is good standing with the company. In the event confirmation is needed in connection with the applicant's work, I have job order records, log book records, or personal knowledge that can verify the type of work and the quality of that work attested to in this application.          Print Name of Authorized Company Official       Signature of Authorized Company Official											
(Note: Signature cannot be the Applicant's signature.) (Note: Unsigned applications will not be processed.)											
Official	Use Only	Test Date	& Score / Graded E	By:	R	e-test Date	& Score / Grade	d By:	Certification Number	r:	
	ID number:	Certificati	on Training Attende	ed Date:	С	ert. Approv	al/Denied Date /	Initials:	Certification Mailed	Date:	



## North Carolina Department of Transportation

## Application for Pavement Marking Technician Certification

Pavement Marking Technician Certification is granted based on the following criteria:

- 1) Completion of the Pavement Marking Certification Training course with a grade of 70 or better on the test/retest.
- 2) Submission of the completed application form by April 15 after passing the Pavement Marking Certification Training test. A photocopy of applicant's current driver's license or state ID must be attached to form.
- 3) Applicant must have 2000 hours (minimum) of installation and/or inspecting experience. If the applicant is not currently installing or inspecting pavement marking materials and is seeking certification, the minimum hours experience required must come from past hours of actually installing or inspecting pavement marking materials. Supervision of others installing or inspecting pavement marking materials will not count towards the 2000-hour minimum. The applicant may attend the Certification Training and take the test while continuing to accumulate the required minimum 2000 hours of installation/inspecting experience. Applicant does NOT need to have experience in ALL materials.
- 4) Review of the application by the Review Board.

Certification is good for 3 years from the date the applicant completed the last Pavement Marking Certification Training Course. Requirements for certification renewal can be found on the renewal application for Pavement Marking Technician Certification.

If the applicant fails the test on the day of the Pavement Marking Certification Training course, the applicant may notify the Review Board that they want to take the retest which will be given a month after the initial test at a place specified by the Review Board.

If the applicant chooses not to take a retest, fails the retest or does not submit an application by May 15 of the year attending Certification Training, the applicant must successfully complete the entire course again. The Pavement Marking Certification Training is held once a year, usually in February.

Applicant will be charged \$50 if a card needs to be replaced. Only one (1) replacement card will be allowed in the three (3) year certification period.

Work performed below the level of competence demonstrated in the Certification Training Course may result in removal of certification.

Applications for certification will <u>only</u> be accepted by mail. Please mail signed application form with photocopy of applicant's current driver's license or state ID to:

## NCDOT – Signing and Delineation Unit

Attn: Matt Springer 1561 Mail Service Center Raleigh, NC 27699-1561