

*NORTH CAROLINA  
DEPARTMENT OF TRANSPORTATION*

**QMS Asphalt Roadway Technician  
Experience Certification**

***ONLY TO BE COMPLETED BY A SUPERVISOR WHO HAS DIRECT  
KNOWLEDGE OF THE TECHNICIAN'S ASPHALT ROADWAY PAVING  
AND INSPECTION EXPERIENCE.***

Technician's Name: \_\_\_\_\_  
(Last) (First) (Middle initial)

S.S.#: \_\_\_\_\_ (SSN # Last Four Digits Only)

NCDOT (Check if applicable) Division No. \_\_\_\_\_ NCDOT Only

Non - NCDOT (Check if applicable)

Company/Agency: \_\_\_\_\_

Company/ Agency Mailing Address: \_\_\_\_\_  
(Non-DOT Only) (Street, Route, or Box #)

\_\_\_\_\_  
(City or Town) (State) (ZIP Code)

Contact Telephone#:( ) \_\_\_\_\_

***I certify that the above-named person has satisfactorily performed a minimum of one year's asphalt roadway paving and/or inspection work and is adequately knowledgeable of all roadway paving operations and related requirements. By signing this certification, I attest to the accuracy of this statement and certify that no deliberate misrepresentation of the facts has occurred.***

\_\_\_\_\_  
Printed Name of Certifying Person

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Note: This completed Experience Certification can be brought to scheduled class by registrant or after class has been held form can be mailed to: [ext-shwilliams3@ncdot.gov](mailto:ext-shwilliams3@ncdot.gov), [ext-clreynolds@ncdot.gov](mailto:ext-clreynolds@ncdot.gov), or [ext-lcalvarado@ncdot.gov](mailto:ext-lcalvarado@ncdot.gov) or [jcsawyer@ncdot.gov](mailto:jcsawyer@ncdot.gov).