

***NORTH CAROLINA  
DEPARTMENT OF TRANSPORTATION***

REV.11/23/09

**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. #(Last 4 Digits Only) \_\_\_\_\_

NCDOT (Check if applicable) Division No. \_\_\_\_\_ / Personnel 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 certification is to be attached to the OJT Checklist and mailed with the class application to the : ***NCDOT Asphalt Design Engineer, Materials and Tests Unit, 1563 Mail Service Center, Raleigh, N.C. 27699-1563.***