

# 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 [shwilliams3@ncdot.gov](mailto:shwilliams3@ncdot.gov), [clreynolds@ncdot.gov](mailto:clreynolds@ncdot.gov), or [jsawyer@ncdot.gov](mailto:jsawyer@ncdot.gov).