APPLICATION FOR MoDOT TECHNICIAN CERTIFICATION PROGRAM

(Please Print in Ink)

For RECIPROCITY fill out the TOP PORTION ONLY, include the mailing address.

Last Name _____ First Name _____ Middle Initial ____

Last four digits of Social Security Number _____ E-Mail Address _____

Employer _____

Supervisor _____ Supervisor E-mail _____

Supervisor Phone Number _____ Applicants Phone Number _____

Mailing Address

Street _____

City _____ State _____ Zip Code _____

Billing Address

Street _____

City _____ State _____ Zip Code _____

MST	Date
Superpave QC/QA [2]	
HMA Aggregate Test [1]	
Tensile **S**trength **R**atio [4]	
Binder Ignition [2]	

Prerequisites:

1 Requires Aggregate Technician
2 Requires AggregateTechnician & Bituminous Technician
3 Requires Concrete Field
4 Requires Superpave QC/QA
5 Precast & Prestress Personnel Only

MoDOT Central Lab	Date
Aggregate Specific Gravity [1]	
T 85 Absorption [1]	
Low Slump [3]	
Compressive Strength [5]	
Field Density	

Reset Form

Print Form

Submit by E-mail

For more information contact Donna Hoeller at 573-522-2742, email Donna.Hoeller@modot.mo.gov

http://www.modot.org/business/materials/TechCert.htm

Mail this Completed form to:

Missouri Department of Transportation
Technician Certification Program
1617 Missouri Blvd.
P. O. Box 270
Jefferson City, MO 65102

Or, Fax to:

573-526-0857

I understand that certification carries inherent rights and responsibilities as outlined in the Technician Certification Policy. Any attempts of fraud, abuse, or willful negligence may be cause for de-certification. I have read, understand and accept these responsibilities.

Date _____

_____

Applicant's Signature