



MoDOT Technician Certification Course Application

(Type or Print)

Date: _____

First Name _____ Middle Initial _____ Last Name _____

MoDOT only - User ID _____

Applicant's E-Mail _____ Applicants Phone Number _____

Supervisor _____ Supervisor E-Mail _____

Supervisor Phone Number _____

Employer Mailing Address

Employer _____

Address _____ City _____ State _____ Zip Code _____

Billing Address

Street _____

City _____ State _____ Zip Code _____

CERTIFICATIONS

LOCATION: **MoDOT Central Lab** – 1617 MO Blvd, Jefferson City, Missouri

Certification	Cost	Prerequisites	Test Date
Compressive Strength	\$100	None	
Field Density	\$250	None	
Certification Study Group	\$100	None	

*TBD = To be determined

For more information:

Call: Donna Hoeller at 573-522-2742,

email: Donna.Hoeller@modot.mo.gov

Web: <http://www.modot.org/business/materials/TechCert.htm>

Send this completed form by mail, or email.

Mail to:

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

Email to:

Donna.hoeller@modot.mo.gov