

Experience Form
SCDOT Coarse Agg. Level I Sampling and Grading Technician

Name:		ID # (If SCDOT):
Employer:		
Mailing Address:		
City:	State:	Zip Code:
Work Phone:	Work Fax:	
Contact Person:		
E-mail Address: (Supervisor or Contact):		

Step 1: General Knowledge (To be signed by SCDOT-certified Level II Aggregate Technician)

I certify that the individual named above is familiar with SCDOT specifications, testing procedures, and proper aggregate handling procedures. He has studied the materials required for certification and is capable of competently performing the tasks required.

Signed: _____

Name (Printed):	Certification Expiration Date:
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Step 2: Demonstration of Testing Competence (To be signed by SCDOT-certified Coarse Aggregate Level II Testing Technician who does not work for the applicant's employer.)

I certify that I have personally witnessed the above listed applicant correctly perform the following tests without assistance.

- AASHTO T 2 (ASTM D 75) – *Standard Practice for the Sampling of Aggregates*
- AASHTO T 248 (ASTM C 702) – *Standard Practice for Reducing Samples of Aggregate to Testing Size*
- AASHTO T 27 (ASTM C 136) – *Standard Method for Sieve Analysis of Fine and Coarse Aggregates (Coarse Aggregates Only)*

Signed: _____

Date Tests Observed: _____

Name (Printed):	Certification Expiration Date:
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Current Employer:

(Continued on next page.)

Step 3: Written Test (To be completed by the applicant.)

I certify that I have completed Steps 1 and 2 as listed above. I am applying to take the written test on:

: _____

(Note: This completed form must be received by Clemson University no later than two weeks prior to the test date. Clemson University will provide a faxed confirmation of the test date. I understand that Clemson University is not responsible for lost or misdirected applications.)

Signed: _____

Name (Printed):

Certification Expiration Date
(recertification only):

Current Employer:

Instructions: Complete the information above and fax or mail this form to:

Clemson University
Attention: Myrtle Mraovich
200 Lowry Hall
Clemson, SC 29634-0912
Fax: 864-656-0124

Upon receipt of this form AND receipt of your online registration (www.ces.clemson.edu/scdotcert), you will be faxed a confirmation indicating that you are scheduled to take this test. **Please bring the confirmation and a valid photo ID to the location indicated on the confirmation.**

Clemson University regrets it is unable to accommodate walk-in applicants; no tests will be given without confirmation and ID. If you have not received your confirmation at least ten days prior to the test, please call Myrtle Mraovich at 864-656-4183; Fax 864-656-0124 or e-mail: mmyrtle@clemson.edu.