

**Please note handwritten applications will no longer be accepted.
Adobe Acrobat is the suggested format of usage when filling and submitting this form for further processing.**

MDOT SHA - MARTCP Technician Certification Program Application

Application For: *(Please make one selection from available options below)*

- | | |
|---|---|
| <input type="checkbox"/> New Certification | <input type="checkbox"/> Retest |
| <input type="checkbox"/> Re-Certification | <input type="checkbox"/> Information Update |
| <input type="checkbox"/> Reciprocal Certification | |

(When applicable, please attach copy of Certification from another approved Certifying Organization)

(Please make only one selection from the available options below)

- | | |
|--|---|
| <input type="checkbox"/> Soils and Aggregate Compaction Tech | <input type="checkbox"/> Asphalt Field Technician |
| <input type="checkbox"/> Aggregate Technician | <input type="checkbox"/> Asphalt Plant Technician (Level 1) |
| <input type="checkbox"/> Concrete Field Technician | <input type="checkbox"/> Asphalt Plant Technician (Level 2/Superpave) |
| <input type="checkbox"/> Concrete Plant Technician | <input type="checkbox"/> Pavement Marking Technician |
| <input type="checkbox"/> Inertial Profiler Operator | |

Technician's Information:

First Name: _____ MI: _____ Last Name: _____

Tech. Email: _____ Phone Number: _____

Mailing Address: _____ City: _____ State: ___ Zip: _____

Date of Birth: _____

Employer's Information:

Employer's Name: _____ Employer's Email: _____

Employer's Address: _____

City: _____ State: _____ Zip Code: _____

Employer's Phone: _____ Invoice Contact: _____

Comments/Additional formation: _____

SHA/District Office Only: _____