

NDDOT Technical Certification Program (TCP) Request for Performance Exam

Technician/Tester Name:	Telephone Number	Today's Date
Address	City, State, Zip	
Employer	Employer's Location/City	
Employer Contact/Supervisor	Supervisor Telephone Number	

Verify and initial each test the applicant has experience completing and is requesting for certification.

	Aggregate	Initial
ND T 2	Sampling of Aggregates	
ND T 11	Materials Finer than No. 200 Sieve in Mineral Aggregates by Washing	
ND T 27	Sieve Analysis of Fine and Coarse Aggregates	
ND T 248	Reducing Field Samples of Aggregates to Testing Size	
ND T 255	Total Evaporable Moisture Content of Aggregate by Drying	
ND T 113	Lightweight Pieces in Aggregate	
ND T 176	Plastic Fines in Graded Aggregates and Soils by Use of the Sand Equivalent Test	
ND T 304	Uncompacted Void Content of Fine Aggregate, Method A	
ND D 4791	Flat Particles, Elongated Particles, or Flat and Elongated Particles in Coarse Aggregate	
NDDOT 4	Fractured Particles in Coarse Aggregate	
	Asphalt Mix	
ND T 166	Bulk Specific Gravity of Compacted HMA Using Saturated Surface-Dry Specimens, Method A	
ND T 209	Theoretical Maximum Specific Gravity and Density of HMA	
ND T 312	Preparing and Determining the Density of HMA/Superpave Gyratory Compactor	
NDDOT 5	Sampling and Splitting Field Verification Hot Mix Asphalt (HMA) Samples	

Comments

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I, the undersigned do hereby certify that the technician listed is competent to perform the tests or procedures requested by this performance exam request.

By signing this request I verify the accuracy of this document and the ability of the individual to perform the tests requested for the performance exam.

NOTE: The individual signing this form must hold current certification for testing in the same area they are verifying.

Complete, sign and return this form. Fax to 701-328-6913 or email to dotmaterials@nd.gov

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Name Title TCP Certification Number Date