

TCP APPLICATION FOR TEST-OUT

North Dakota Department of Transportation, Materials & Research

SFN 50739 (10-2022)

Name	Telephone Number		Today's Date
Address	City	State	ZIP Code
Employer	Work Telephone Number		
Employer Address	City	State	ZIP Code
Date of Birth	Email Address		
List the class you are requesting to test-out:			

Education and Training (Include only classes directly relevant to this request.)

Course or Certification, State	Date Completed

Recent Relevant Work Experience

Projects	Date From	Date To

Please explain how your education and work experience should be considered a substitute for TCP classroom training:

Applicant Signature	Date
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The completed form and copies of certification cards may be emailed to: dotmaterials@nd.gov

For Official Use Only

<input type="checkbox"/> Approved	Certifications	ND Tech ID Number
<input type="checkbox"/> Not Approved	Signature	Date
Comments		