

# NDDOT TECHNICAL CERTIFICATION PROGRAM (TCP) REQUEST FOR TEMPORARY CERTIFICATION

North Dakota Department of Transportation, Materials & Research  
SFN 60649 (4-2020)

Technician Name	Technician Telephone Number	Today's Date	
Address	City	State	ZIP Code
Employer	Employer Location (City)		
Name of Employer Contact/Supervisor	Contact/Supervisor Telephone Number		
Employer Contact Email Address	Project Assigned To		
Consulting Engineer	District Materials Coordinator		

## Test Requested for Temporary Certification (Check box by each requested)

<input type="checkbox"/> ND T 2 Sampling of Aggregates <input type="checkbox"/> ND T 248 Reducing Samples of Aggregate to Testing Size <input type="checkbox"/> ND T 255 Total Evaporable Moisture Content of Aggregates by Drying <input type="checkbox"/> ND T 11 Materials Finer Than No. 200 Sieve in Mineral Aggregate by Washing <input type="checkbox"/> ND T 27 Sieve Analysis of Fine and Coarse Aggregates <input type="checkbox"/> NDDOT Contractor Coring (ND Spec Book and Field Sampling Testing Manual, Sections 430) <input type="checkbox"/> NDDOT 5 Sampling and Splitting Field Verification Hot Mix Asphalt (HMA) Samples <input type="checkbox"/> ND T 99 & 180 Moisture Density Relations of Soils <input type="checkbox"/> ND T 191 Density In-Place by the Sand Cone Method <input type="checkbox"/> ND T 217 Determination of Moisture in Soil by Means of Calcium Carbide Gas Pressure Moisture Tester (Speedy) <input type="checkbox"/> ND T 265 Laboratory Determination of Moisture Content of Soils <input type="checkbox"/> ND D 2167 Density of Soil in Place by the Rubber-Balloon Method <input type="checkbox"/> ND D 4643 Microwave Method of Drying Soils
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I, the undersigned, do hereby certify that the technician listed is competent to perform the tests or procedures requested while working on the NDDOT construction project listed. This technician has completed all relevant NDDOT and TC3 online training modules and reviewed relevant YouTube videos.

I hold current relevant certification through TCP and by signing this request, I accept responsibility for this individual's ability to perform the tests requested according to NDDOT methods and the accuracy of information provided.

Name	ND Tech ID Number
Signature	Date

## For Official Use Only

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

Email completed form and "achievement record" from online courses to: [dotmaterials@nd.gov](mailto:dotmaterials@nd.gov)