

WVDOH APPLICATION FOR CERTIFICATION TEST

CHECK ONLY ONE.

Additional application(s) must be filled out for each test.

PLEASE PRINT CLEARLY

Date of Birth _____/_____/_____

Last Name _____

First Name _____

M.I. _____

Last 4 Digits of S/N _____

Aggregate Inspector

Aggregate Sampling Inspector

Hot Mix Asphalt Technician

Compaction Inspector

Portland Cement Concrete Inspector

Portland Cement Concrete Technician

Radiation Safety

Company/District or Division _____

HOME Street Address _____

City _____

State _____

Zip Code _____

Business Phone Number (_____) _____ - _____

Home Phone Number (_____) _____ - _____

I hereby make application for testing at the next time as scheduled. I understand that I must abide by all rules and regulations governing the administration of this test and failure on my part to comply with same will result in the invalidation of my test results.

Signed _____

RETURN TO: West Virginia Division of Highways
Human Resources Division
State Capitol Complex
Building 5, Room 949
Charleston, WV 25305
(304) 558-9778
(304) 558-0340 FAX

Revised 1/26/10