

WVDOH APPLICATION FOR CERTIFICATION TEST

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

- Aggregate Inspector (001)**
- Aggregate Sampler (002)**
- Hot Mix Asphalt (HMA) Technician (004)**
- Compaction Inspector (005)**
- Portland Cement Concrete (PCC) Inspector (006)**
- Portland Cement Concrete (PCC) Technician (007)**

Print Clearly

Check if address has changed from last APPLICATION

Social Security Number XXX - XX - _____ **Date of Birth** ____ / ____ / ____

Name: _____
Last First Middle

Home Address: _____
Street City State Zip Code

Home Phone# (____) _____ **Work Phone#** (____) _____

Company, District or Division _____

Address: _____
Street City State Zip Code

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: _____
This application is not valid unless signed (NOT PRINTED) by the Applicant

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