STATE OF NORTH CAROLINA

DEPARTMENT OF TRANSPORTATION

CHECKOFF LIST for

Mix Sampling Technician Certification

_____ _____

(Technician's Printed Name) (S.S. No.)

_____

(Employer and Employer's Address)

_____

(Employer's Phone No.)

SUBJECT	DATE	QA Initials
Frequency of Mix Sampling	_____	_____
Asphalt Sampling Procedures	_____	_____
Asphalt Numbering Procedures	_____	_____
Forms And Work Problems	_____	_____
Hands On Exercise	_____	_____
Written Exam	_____	_____

_____

QA Supervisor's Signature

NOTE : Completed Checklist w/ Attached Exam to be Forwarded to the Pavement Construction Section. Certificate Will be Furnished to the Individual After Receipt of Checklist & Exam.