

Enrollment Form for Quality Control/Quality Assurance Sampling and Testing Classes

Please fill out all required information. Print information clearly. Incomplete or illegible applications will not be processed. **One form per student.**

Student Contact Information:

Name: _____ Date: _____
(Print - Full Name)

SSN: _____

Class Location and Date: _____ Check desired class(es): Sampling Testing

Have you ever been certified as an aggregate NCDOT QC technician before? Yes/No: _____

If "Yes," what is your certificate number? _____

Who is the State Materials Inspector who visits your plant? _____

Student Home Mailing Address:

Street: _____

City: _____ State: _____ ZIP: _____

NCDOT Personnel:

Supervisor's Name: _____ Division No: _____

Location: _____ Unit: _____ Fax number: _____

Producer's Personnel:

Company Name: _____ Contact person: _____

Plant Name: _____ State Plant Number: _____

Street: _____ Office phone: _____

_____ Fax number: _____

City: _____ State: _____ ZIP: _____

NOTE: Class sizes are limited. Submission of this form does not guarantee a slot in the desired class. If enrolled, the student will be contacted for pre-certification. Mail completed form to **NCDOT Materials and Tests Unit -Soils Laboratory 1801 Blue Ridge Road, Raleigh, NC 27607** or fax to (919) 733-8742.

Materials and Tests Unit Use Only:

Check Number: _____

Precertified by: _____ Date: _____

Sampling Score: _____ Testing Score: _____

Card Issued by: _____ HICAMS No. _____ Date: _____