



**PENNDOT BITUMINOUS PLANT AND FIELD
TECHNICIAN CERTIFICATION PROGRAM
2005-2006 RECERTIFICATION APPLICATION FORM**

THIS FORM MUST BE COMPLETED AND SENT TO NECEPT IN ORDER TO BE RECERTIFIED. Copy this blank form as needed. Mark the desired category, fill in or attach information as indicated & **obtain required PENNDOT signatures**. Submit a separate copy of this form for each applicant for each recertification to NECEPT at the address below. Check or money orders must be included for the corresponding total fee payable to Pennsylvania State University. Credit cards will be accepted using the attached credit card form. (**Note:** For approved PENNDOT employees, NECEPT will bill PENNDOT directly.) Allow 2-3 weeks for processing applications for recertification. Falsification of information on this form may jeopardize your certification status. NECEPT mailing address:

Pennsylvania State University/Pennsylvania Transportation Institute; NECEPT/Bituminous Technician Certification Program
201 Transportation Research Building
University Park, PA 16802

Fill in your assigned Certification Identification Number (located on your wallet card or certificate) here: _____
If you cannot locate your ID number, call NECEPT at 814-865-1891

REFER TO PENNDOT PUB . 351 FOR REQUIREMENTS FOR RECERTIFICATION

APPLICATION CATEGORIES

RECERTIFICATION Option A, Learning Activities

FEE
\$25.00

PLANT LEVEL 1 _____

PLANT LEVEL 2 _____

FIELD TECHNICIAN _____

Requires PENNDOT signatures: ACE for Field Techs; DME for Plant all Levels. Document/list activities attended below.

RECERTIFICATION Option B, Review & Certification Course:

\$480.00

PLANT LEVEL 1 Date of attendance _____

FIELD TECHNICIAN Date of attendance _____

Applicant Name: _____ **Email** _____

Affiliation: PENNDOT (District) _____ **Industry** _____ **Consultant** _____ **Other (please specify)** _____

Company/Agency _____ **Job Title** _____

Home Address _____ **City** _____ **State** _____ **Zip** _____

Daytime Phone _____ **Home Phone** _____ **FAX number** _____

Work Address _____

Work Experience (Certification related only) If insufficient space below, attach separate sheets

| Start Date | End Date | Work Performed (List PENNDOT Projects/Total Hours/Location/Supervisor) |
|------------|----------|--|
| | | |
| | | |
| | | |

Learning Activities

| Date | Location | Name of Activity |
|------|----------|------------------|
| | | |
| | | |
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THIS SECTION FOR PENNDOT USE – SIGNATURE REQUIRED

This applicant is approved for:

__Recertification in the PENNDOT Technician Certification Program in accordance with Option A as requested above.

__Participation in Option B for Recertification in the PENNDOT Technician Certification Program

Print Name: PENNDOT DME, ACE, or designate

Signature: PENNDOT DME, ACE, or designate/Date