An Association of Engineering Laboratories, Inspection Agencies and Building Officials

TECHNICIAN CERTIFICATION PROGRAM EXAMINATION APPLICATION FORM

Name to be typed on certificate:________________________________________________________

Firm:_______________________________________________________________________________

Address:____________________________________________________________________________

Email:_______________________________________________________________________________

Office phone:_______  ___________________________ Ext._______ Home phone:__________________________

I hereby apply for the following WACEL training and/or testing programs (check all that apply):

____ Soil Level I Training Class  ____ Concrete Level I Training Class  ____ Plan Reading Class
____ Concrete Performance (practical)  ____ Soil Performance (practical)  ____ Testing at the WACEL Office:
____ Soils Level I  ____ Fireproofing*  ____ Fire Stopping  ____ Concrete Level I  ____ Reinforced Concrete*
____ Concrete Level I  ____ Foundation Technician  ____ Masonry  ____ Structural Concrete Inspector
____ Structural Steel Inspector*  ____ Soil Lab Technician  ____ Concrete Masonry Strength Technician
____ Aggregate Concrete Laboratory Technician

Concrete performance field test number (required for Concrete Levels I and Reinforced Concrete)

Soil performance field test number (required for Soil I)

* Open book exams. Candidates are required to bring their own reference materials for these exams to the exam venue. A list of appropriate reference materials for each exam can be found in the exam study guide available at www.wacel.org.

Acknowledgement of WACEL testing policies and procedures: I understand and agree that as a condition of becoming a WACEL certified technician that the integrity of the testing program must be maintained at all times. I further recognize and agree by signature below that if I am found guilty of cheating or compromising the integrity of the certification program by copying, photographing and/or removing tests from the testing facility or other similar actions, that I will be barred from participating in the WACEL certification program for a period of five years and that all existing certifications that I have obtained will be automatically rescinded.

Date __________________________________ Signature in ink __________________________________

The following endorsement must be signed by a qualified supervisor. (In the event the applicant is unemployed, self-employed or employed by a nonmember, this recommendation shall be signed and sealed by a Professional Engineer familiar with the applicant’s capabilities. Such recommendation shall also identify the circumstance which establish its priority.)

CERTIFICATE OF ENDORSEMENT

I hereby certify that the information contained on the application form is factual and accurate. I further certify that I have read the WACEL Certification Program Concept Statement and believe the applicant has the education, technical background and experience needed to perform the duties associated with the grade for which certification is sought.

________ __________________________

Endorser  Date
WACEL CERTIFICATION PROGRAM BIOGRAPHICAL DATA FORM
(Print or Type)

Name:____________________________________________________________________________________

Firm:_____________________________________________________________________________________

Address:__________________________________________________________________________________ ZIP_____________

Supervisor's Name:__________________________________________________________________________

Telephone:__________________________________________________________________________________ Ext._____________

Home Address:______________________________________________________________________________ ZIP_____________

Home Phone:___________________________________________________________________________________

A separate resume may be submitted in lieu of completing the following items requesting your educational background and experience, providing the resume is sufficiently detailed. To evaluate your application, WACEL needs to know specifics. In the case of experience, for example, describe exactly the tasks with which you were involved (e.g. "conducted slump tests and made cylinders in the field) and the degree you were (or are) personally responsible for your work. Thank you.

EDUCATION

Name of School City Location Years Attended Degree or Diploma received

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

EXPERIENCE

In sequential order, detail the name and address of your employer, your title or position, name and title of your immediate supervisor and description of duties (be factual and specific). Attach additional sheets if necessary.

Employment Dates Name/Location of Employer Position/Title

________________________________________________________________________________________

Duties:___________________________________________________________________________________

Supervisor's name and title:_________________________________________________________________

Employment Dates Name/Location of Employer Position/Title

________________________________________________________________________________________

Duties:___________________________________________________________________________________

Supervisor's name and title:_________________________________________________________________

Complete and return with other application materials to: WACEL, 7508 Wisconsin Avenue, 4th Floor, Bethesda, MD 20814. Email: chris@wacel.org. Fax: 301-907-9326. Phone: 301-652-7925.