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 exam and/or class (check all that apply):

____ Concrete Level I Technician   ____ Soils Level I Technician   ____ Aggregate Lab Technician
____ Concrete Practical         ____ Foundations Technician*   ____ Concrete Masonry Strength Technician
____ Reinforced Concrete Special Inspector*   ____ Fireproofing Technician*   ____ Soils Lab Technician
____ Masonry Special Inspector*   ____ Firestopping Technician*   ____
____ Structural Concrete Inspector*   ____ Structural Steel Technician Level I*
____ Concrete Level I Review Class   ____ Soils Level I Review Class   ____ Plan Reading Class

* Indicate 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program for a period of five years and that all existing certifications that I have obtained will be automatically rescinded.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 circumstances which establish it’s priority).

_________________________________________  ____________________________________________
Date                                               Endorser
Name to be typed on certificate: __________________________________________________________________________________________

Firm: __________________________________________________________________________________________________________

Supervisor's name: __________________________________________________________________________________________________

Email: __________________________________________________________________________________________________________

Office phone: ___________________ Ext.: ___________________ 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. "conducting slump tests and made cylinders in the field) and the degree you were (or are) personally responsible for your work.

### EDUCATION

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<tr>
<th>Name of school and location</th>
<th>Dates Attended</th>
<th>Degree or Diploma received</th>
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### EXPERIENCE

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<th>Employment Dates</th>
<th>Position/Title</th>
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Duties: ________________________________________________________________________________________________

Supervisor's name and title: ____________________________________________________________

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Duties: ________________________________________________________________________________________________

Supervisor's name and title: _____________________________________________________________