



**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):

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Concrete Level I Technician            | <input type="checkbox"/> Soils Level I Technician             | <input type="checkbox"/> Aggregate Lab Technician             |
| <input type="checkbox"/> Concrete Practical                     | <input type="checkbox"/> Foundations Technician*              | <input type="checkbox"/> Concrete Masonry Strength Technician |
| <input type="checkbox"/> Reinforced Concrete Special Inspector* | <input type="checkbox"/> Fireproofing Technician*             | <input type="checkbox"/> Soils Lab Technician                 |
| <input type="checkbox"/> Masonry Special Inspector*             | <input type="checkbox"/> Firestopping Technician*             |   |
| <input type="checkbox"/> Structural Concrete Inspector*         | <input type="checkbox"/> Structural Steel Technician Level I* |   |
| <input type="checkbox"/> Concrete Level I Review Class          | <input type="checkbox"/> Soils Level I Review Class           | <input type="checkbox"/> 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](http://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program for a period of five years and that all existing certifications that I have obtained will be automatically rescinded.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**

| Name of school and location | Dates Attended | Degree or Diploma received |
|-----------------------------|----------------|----------------------------|
| _____                       | _____          | _____                      |
| _____                       | _____          | _____                      |
| _____                       | _____          | _____                      |

**EXPERIENCE**

| Name of employer and location | Employment Dates | Position/Title |
|-------------------------------|------------------|----------------|
| _____                         | _____            | _____          |

Duties: \_\_\_\_\_  
\_\_\_\_\_

Supervisor's name and title: \_\_\_\_\_

| Name of employer and location | Employment Dates | Position/Title |
|-------------------------------|------------------|----------------|
| _____                         | _____            | _____          |

Duties: \_\_\_\_\_  
\_\_\_\_\_

Supervisor's name and title: \_\_\_\_\_