TECHNICIAN CERTIFICATION PROGRAM EXAMINATION APPLICATION FORM

Technician’s First: ____________________________ Last: ____________________________________________

Technician’s email: ____________________________ Tech’s phone: ____________________________

Tech’s date of birth: ____________________________

Employer: ______________________________Employer email: ______________________________

Employer Address: __________________________City __________________________ State ______ Zip ______

Office phone: __________________________Office billing contact: __________________________

I hereby apply for the following WACEL exam and/or class (check all that apply):

____ Concrete Level I Technician
____ MARCPT Soil and Aggregate Written Test
____ Foundation Special Inspector*
____ Structural Masonry Special Inspector*
____ Aggregate Lab Technician
____ Firestopping Special Inspector
____ Structural Steel Special Inspector*
____ Concrete Level I Review Class
____ Concrete Practical
____ MARCPT Soil and Aggregate Practical
____ Reinforced Concrete Special Inspector*
____ Structural Concrete Special Inspector*
____ Soil Lab Technician
____ Concrete Masonry Strength Testing Technician
____ Fireproofing Special Inspector
____ Soils Level I Review 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program for a period of five years and that all existing certifications that I have obtained will be automatically rescinded.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 ____________________________________ Technician’s 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 WACEL 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 ____________________________________ Endorsor ____________________________________________