



An Association of Engineering Laboratories,
Inspection Agencies and Building Officials

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):

- | | | |
|---|---|--|
| <input type="checkbox"/> Concrete Level I Technician | <input type="checkbox"/> Concrete I Practical | <input type="checkbox"/> Soil Level I Special Inspector* |
| <input type="checkbox"/> MARCPT Soil and Aggregate Written Test | <input type="checkbox"/> MARTCP Soil and Aggregate Practical | <input type="checkbox"/> Soil I Practical |
| <input type="checkbox"/> Foundation Special Inspector* | <input type="checkbox"/> Reinforced Concrete Special Inspector* | |
| <input type="checkbox"/> Structural Masonry Special Inspector* | <input type="checkbox"/> Structural Concrete Special Inspector* | <input type="checkbox"/> Soil Lab Technician |
| <input type="checkbox"/> Aggregate Lab Technician | <input type="checkbox"/> Concrete Masonry Strength Testing Technician | |
| <input type="checkbox"/> Firestopping Special Inspector | <input type="checkbox"/> Fireproofing Special Inspector | |
| <input type="checkbox"/> Structural Steel Special Inspector* | <input type="checkbox"/> Aggregate Lab Practical | <input type="checkbox"/> Soil Lab Practical |
| <input type="checkbox"/> Concrete Level I Review Class | <input type="checkbox"/> Soils Level I Review Class | <input type="checkbox"/> Concrete Lab Practical |

* 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

Endorser Signaturre