

WAQTC IN-PLACE DENSITY / EMBANKMENT & BASE TECHNICIAN – IPD010921

Classroom Dates: Saturday, 01/09/2021 and Sunday, 01/10/2021

Class Time: 8:00 AM to 4:00 PM

Classroom Location: Online through Microsoft Teams

Practical Exam Date: Saturday, 01/16/2021

Practical Exam Time: 8:00 AM to 4:00 PM

Practical Exam Location – Seattle: AAR Testing and Inspection, 7126 180th Ave NE, Suite C101, Redmond, WA

Practical Exam Location – Spokane: Budinger Laboratory, 1101 North Fancher, Spokane Valley, WA

Written Exam Date: TBD

Written Retake Exam Date: TBD

REQUIREMENTS

- **NWCEL have permission from WSDOT to move forward with practical exams ahead of the written exams. You will NOT be fully certified until you complete both the written and the practical. This is an exception that is being made due to the current circumstances.**
- Attendance at both training sessions is required prior to taking the written and practical exams.
- After successfully passing both the written and practical exams, WAQTC certification numbers will be issued by WSDOT.
- WAQTC certification is accepted in the following states: AK, CO, HI, ID, NM, OR, TX, UT, and WA

COST

MODULE	MEMBER COST	MEMBER (EXAM ONLY)	NON- MEMBER COST	NON-MEMBER (EXAM ONLY)
IPD AND E&B	\$450.00	\$275.00	\$540.00	\$300.00
IPD OR E&B	\$400.00	\$225.00	\$480.00	\$250.00
PAYMENT OPTIONS				
Make checks payable to NWCEL and mail to: AAR Testing & Inspection, Inc. Attn: Michele Guerrini 7126 180th Avenue NE C101 Redmond WA 98052		Payments can be made online at www.nwcel.org : <ol style="list-style-type: none"> 1. Click on the “Invoice Payment” tab 2. Enter Company Name under Course Title 3. Enter Invoice Number #IPD010921 4. Enter your payment amount into the appropriate field. 		

* Late cancellations (less than 1 week prior to class) will be charged the exam only fee.

REGISTRATION

Please fill out the following registration form and email to Thanh Kieu at thanh@nwcel.org

WAQTC IN-PLACE DENSITY / EMBANKMENT & BASE TECHNICIAN – IPD010921

CONTACT INFORMATION

Name: _____

Company: _____

Phone Number: _____

Email: _____

BILLING CONTACT INFORMATION

CHECK IF SAME AS ABOVE

Name: _____

Phone: _____

Email: _____

STUDENT REGISTRATION

Name: _____ Email: _____ Module*: _____ Exam Only: _____

Name: _____ Email: _____ Module*: _____ Exam Only: _____

Name: _____ Email: _____ Module*: _____ Exam Only: _____

Name: _____ Email: _____ Module*: _____ Exam Only: _____

Name: _____ Email: _____ Module*: _____ Exam Only: _____

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