

REGISTRATION FORM **NON-WSDOT EMPLOYEES**

WSDOT TESTING TECHNICIAN QUALIFICATION PROGRAM (WTTQP / WAQTC)

Name:	<small>First</small> <small>Mi</small> <small>Last</small>	Personal Address:	
Phone:			
Email:			
Employer:		Technical Director Email:	
WAQTC/WTTQP Certified: Yes <input type="checkbox"/> No <input type="checkbox"/>		WAQTC/WTTQP ID#:	

Desired Certification / Method Qualification		
(Select one qualification per form submitted)		
Original: <input type="checkbox"/>	Reciprocity: <input type="checkbox"/>	Renewal: <input type="checkbox"/>
<input type="checkbox"/> Aggregate Testing Technician (AgTT)	<input type="checkbox"/> Asphalt Testing Technician II (AsTT-II)	
<input type="checkbox"/> Concrete Testing Technician (CTT) / ACI	<input type="checkbox"/> Concrete Strength Testing Technician (CSTT) / ACI	
<input type="checkbox"/> In-Place Density Testing Technician (DTT)	<input type="checkbox"/> Embankment and Base Testing Technician (EBTT)	
<input type="checkbox"/> Sampling Technician (ST)	<input type="checkbox"/> Method Qualification <i>Document Method(s):</i> _____	

Testing Technicians seeking Certification/Qualification in one of the designated specialties should consult WSDOT's Registration, Policies & Information Handbook (RP&IH) for Certification/Qualification criteria, prerequisites, other policies and requirements, and general information.

Please do not write below this line. For Administration use only.

Written Examination Date:		Administrator:	
Pass <input type="checkbox"/> Fail <input type="checkbox"/>		WTTQP ID#:	
Performance Examination Date:		Examiner:	
Pass <input type="checkbox"/> Fail <input type="checkbox"/>		WTTQP ID#:	

Signature of WQC Chair or Designee:		WTTQP ID#:	
		Date:	

APPENDIX C
RIGHTS AND RESPONSIBILITIES AGREEMENT
WSDOT TESTING TECHNICIAN QUALIFICATION PROGRAM

This document affirms that _____, hereinafter the Testing Technician (Sampler/Testing technician), desires to be Qualified by the Transportation Testing Technician Qualification Program of Washington (WTTQP).

Certification carries inherent rights and responsibilities. These rights include being exclusively sanctioned along with others so qualified by TTQP to perform sampling, testing, and reporting of test results for quality control and quality assurance programs. These responsibilities include performing and reporting tests with the accuracy and precision expected of the Sampler/Testing technician in accordance with the required test procedures. By signing this document, the Sampler/Testing technician agrees to abide by all the terms of the WTTQP included in the Registration, Policies, & Information Handbook and as set forth by the Washington State Transportation Department.

As a Testing Technician it is your responsibility to notify the WSDOT region Independent Assurance Inspector (IAI) by phone or email within 15 days of any sampling or testing during each calendar year. The regional IAI must audit your testing conformance to the procedures found in the WSDOT Materials Manual at:

<https://wsdot.wa.gov/engineering-standards/all-manuals-and-standards/manuals/materials-manual>

Failure to notify the regions IAI of your initial testing, in any module certification or method qualification each year is an act of Negligence.

Findings of negligence or abuse of these rights and responsibilities will be penalized according to the decision of the WSDOT's Qualification Committee (WQC).

Negligence is defined as unintentional deviations from approved procedures or the unintentional failure to follow the requirements of the WTTQP. A finding of negligence may result in suspension of Certifications & Qualifications. Repeated incidents of negligence may become abuse.

Abuse is defined as intentional deviations from approved procedures or the intentional failure to follow the requirements of the WTTQP. A finding of abuse will result in Certification & Qualification suspension. Subsequent findings of abuse may result in permanent revocation of Certification & Qualification.

Revocation or suspension of one Certification and Qualification will be considered a revocation or suspension of all Certifications and Qualifications held by the Testing Technician (Sampler/Testing technician).

Further clarification on Negligence, Abuse, Revocation, Suspension, & Denial of Certification and Qualifications are located in the Registration, Policies and Information Handbook issued by WSDOT.

I, _____, have read, understand, and agree to abide by the rights, responsibilities, and penalties associated with receipt of this Certification and or Qualification.

Signature

WTTQP/WAQTC #

Date

<input type="checkbox"/> Aggregate Testing Technician (AgTT)	<input type="checkbox"/> Asphalt Testing Technician II (AsTT-II)
<input type="checkbox"/> Concrete Testing Technician (CTT) / ACI	<input type="checkbox"/> Concrete Strength Testing Technician (CSTT) / ACI
<input type="checkbox"/> In-Place Density Testing Technician (DTT)	<input type="checkbox"/> Embankment and Base Testing Technician (EBTT)
<input type="checkbox"/> Sampling Technician (ST)	<input type="checkbox"/> Method Qualification (Identify Method): _____