

# NORTHWEST COUNCIL OF ENGINEERING LABS INSPECTOR TRAINING PROGRAM

## WAQTC PRACTICAL EXAM REGISTRATION FORM FOR SPOKANE – FEBRUARY

### CERTIFICATIONS OFFERED

- Aggregate Testing Technician (AgTT)
- Asphalt Testing Technician II (AsTT-II)
- In-Place Density Testing Technician (DTT)
- Embankment & Base Testing Technician (EBTT)
- In-Place Density & Embankment & Base Testing Technician (DTT/EBTT)

### REGISTRATION REQUIREMENTS

#### Written Exam Requirement

- The **written exam must be completed** before registering for the practical exam.
- Administered by Kryterion (a third-party testing center). NWCEL does not conduct or have affiliations with Kryterion. For questions, contact WSDOT or Kryterion directly.
- Written exam fee is \$94 per attempt (this is separate from practical exam fee).
- Schedule your written exam here: [WebAssessor](#)

#### Practical Exam Registration

- Only register **after** passing the written exam. **Note:** there is a 90-day maximum time limit between passing written exam and performance examination.
- Deadline to register: **Thursday, February 20<sup>th</sup> at 12:00PM**
- Practical Exam Date: **Saturday, February 22<sup>nd</sup> – time TBD**
- Steps to Register:
  1. **Complete** the registration form.
  2. **Process** payment online: [NWCEL Registration](#) (Invoice No.: WAQTCSP02)
  3. **Submit** the following documents to [thanh@nwcel.org](mailto:thanh@nwcel.org) and [terrinwcel@gmail.com](mailto:terrinwcel@gmail.com):
    - Completed registration form
    - Payment receipt
    - Written exam test results (must forward original email)
- Practical exam dates & times will be scheduled **after** registration and written exam results are received.

#### Change & Cancellation Policy

- Changes to registration (candidate name, session, or certification type) will incur a \$100 change fee.
- Refund Policy:
  - **Full refund** if canceled **at least 1 month** before the exam date.
  - **50% refund** if canceled **at least 2 weeks** before the exam date.
  - **No refund** if canceled **within 2 weeks** of the exam date.

Practical Exam Details	AgTT	AsTTII	DTT	EBTT	DTT/EBTT
Cost	\$475	\$600	\$475	\$475	\$575
Time Allotted *	3	6	4	4	5
Location	Budinger Laboratory in Spokane Valley				

**Note:** If additional time is required beyond the allotted hours, an extra fee of \$165 per hour will apply.

# NORTHWEST COUNCIL OF ENGINEERING LABS INSPECTOR TRAINING PROGRAM

## WAQTC PRACTICAL EXAM REGISTRATION FORM FOR SPOKANE – FEBRUARY

### CONTACT INFORMATION

Company: \_\_\_\_\_ Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Email: \_\_\_\_\_ Technical Director Email: \_\_\_\_\_ Member? \_\_\_\_\_

### STUDENT REGISTRATION

The information below must be filled out completely. Phone number and home address are used for the Rights and Responsibilities Agreement. See example in red below:

First Name: <u>JANE</u>	Middle Name: <u>JOHN</u>	Last Name: <u>DOE</u>	Address: <u>5000 N 85TH STREET, APT 2, SEATTLE, WA</u>
Phone No: <u>253-681-5812</u>	Email: <u>JDOE@GMAIL.COM</u>	WAQTC ID: <u>60335, OR N/A</u>	<input type="checkbox"/> AgTT <input type="checkbox"/> AsTTII <input type="checkbox"/> DTT <input type="checkbox"/> EbTT <input checked="" type="checkbox"/> DTT/EBTT

First Name: _____	Middle Name: _____	Last Name: _____	Address: _____
Phone No: _____	Email: _____	WAQTC ID: _____	<input type="checkbox"/> AgTT <input type="checkbox"/> AsTTII <input type="checkbox"/> DTT <input type="checkbox"/> EbTT <input type="checkbox"/> DTT/EBTT

First Name: _____	Middle Name: _____	Last Name: _____	Address: _____
Phone No: _____	Email: _____	WAQTC ID: _____	<input type="checkbox"/> AgTT <input type="checkbox"/> AsTTII <input type="checkbox"/> DTT <input type="checkbox"/> EbTT <input type="checkbox"/> DTT/EBTT

First Name: _____	Middle Name: _____	Last Name: _____	Address: _____
Phone No: _____	Email: _____	WAQTC ID: _____	<input type="checkbox"/> AgTT <input type="checkbox"/> AsTTII <input type="checkbox"/> DTT <input type="checkbox"/> EbTT <input type="checkbox"/> DTT/EBTT

First Name: _____	Middle Name: _____	Last Name: _____	Address: _____
Phone No: _____	Email: _____	WAQTC ID: _____	<input type="checkbox"/> AgTT <input type="checkbox"/> AsTTII <input type="checkbox"/> DTT <input type="checkbox"/> EbTT <input type="checkbox"/> DTT/EBTT