Pavement Preservation Level 1: Asphalt Seal Coats
EXPERIENCE FORM

In order to be certified by the SCDOT as a Pavement Preservation Level 1: Asphalt Seal Coats Technician, an individual needs to have a minimum level of familiarity and experience with the related test procedures, forms, specifications, and general operations. The signature on this form attests that the individual has **demonstrated** to a certified Pavement Preservation Level 1: Asphalt Seal Coats technician, Asphalt Level 3, or ART Technician (hereafter referred to as the "Rater") his/her experience in the areas indicated. This form must be submitted at least one (1) month prior to the class. Applicants without the appropriate completed experience form submitted by the deadline will have their class space forfeited. Refer to the SCDOT Technician Certification Policy at www.scdot.org for more information. This form should be submitted to:

Tri-County Technical College
Attn: SCDOT Certification
Corporate & Community Education Division
PO Box 587
Pendleton, SC 29670
Phone: (864) 646-2045 Fax: (864) 646-1894
Email: mmraovic@tctc.edu

_____
Applicant's Name Phone

_____
Company

_____
Address

_____

_____
Email

I. General information for use in determining pavement preservation applicant's qualification:

_____ 1. Applicant is familiar with monitoring roller operations.
Rater's Initials

_____ 2. Applicant is familiar with monitoring ambient air and binder temperatures
Rater's Initials

_____ 3. Applicant has demonstrated the calculation of binder rates, aggregate rates, and equipment calibration.
Rater's Initials

_____ 4. Applicant is familiar with Sections 406, 407, and 408 of the SCDOT standard specifications.
Rater's Initials

II. Applicant has **six months minimum** related experience in asphalt seal coat construction and testing. _____
Rater's Initials

OR

Applicant is a certified Asphalt Roadway (ART) Technician. _____
ART certification number

*SCDOT only: If applicant does not have at least 6 months experience, signature of the DCE/DME is **required**.

_____
DCE/DME Signature

III. **Suggested (not required):** following TCCC/NHI online course is *suggested* for applicants:
FHWA-NHI-131132, *Chip Seal Best Practices*
www.nhi.fhwa.dot.gov

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*Note: Integrity is the backbone of any quality control program. By signing this form, I am certifying that I have **personally witnessed** the above individual complete the items stated and understand that the SCDOT Technician Certification Board will take action against me for any falsification of documents.*

_____
Rater's Signature

_____
Applicant's Signature

_____
Rater (Print Name)

_____
Date Signed

_____
Rater SCDOT PPL1: SC, Asphalt Level 3, or ART Certification No.

Form P1AS
REV 1/16; 6/16