



An Association of Engineering Laboratories, Inspection Agencies and Building Officials

TECHNICIAN CERTIFICATION PROGRAM EXAMINATION APPLICATION FORM

Name to be typed on certificate: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ ZIP \_\_\_\_\_

Office Phone: \_\_\_\_\_ Ext. \_\_\_\_\_ Home Phone: \_\_\_\_\_

I hereby apply for the following WACEL Training and/or Testing programs:

- \_\_\_\_\_ Nuclear Gauge Training \_\_\_\_\_ Soil Level I Training Class \_\_\_\_\_ M Concrete Level I Training Class
\_\_\_\_\_ Concrete Practical \_\_\_\_\_ Testing at the WACEL Office: \_\_\_\_\_ Soils Level I
\_\_\_\_\_ Fireproofing \_\_\_\_\_ Concrete Level I \_\_\_\_\_ Concrete Level II (Concrete Level I # \_\_\_\_\_)
\_\_\_\_\_ Bituminous \_\_\_\_\_ Foundation Technician \_\_\_\_\_ Structural Inspector \_\_\_\_\_ Structural Steel Inspector
\_\_\_\_\_ Soil Lab Technician \_\_\_\_\_ Concrete Masonry Strength Technician
Practical field test number (required for Concrete Levels I and II) \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

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program for a period of five years and that all existing certifications that I have obtained will be automatically rescinded.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

\_\_\_\_\_
Signature in ink

The following endorsement must be signed by a qualified supervisor. (In the event the applicant is unemployed or self-employed, this recommendation shall be furnished by a professional engineer familiar with the applicant's capabilities. Such recommendation shall also identify the circumstance which establish its priority. )

CERTIFICATE OF ENDORSEMENT

I hereby certify that the information contained on the application form is factual and accurate. I further certify that I have read the WACEL Certification Program Concept Statement and believe the applicant has the education, technical background and experience needed to perform the duties associated with the grade for which certification is sought.

\_\_\_\_\_
Endorser

\_\_\_\_\_
Date

\_\_\_\_\_
Title

WACEL CERTIFICATION PROGRAM BIOGRAPHICAL DATA FORM  
(Print or Type)

Name: \_\_\_\_\_

Firm: \_\_\_\_\_

Address: \_\_\_\_\_ ZIP \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Ext. \_\_\_\_\_

Home Address: \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone: \_\_\_\_\_

A separate resume may be submitted in lieu of completing the following items requesting your educational background and experience, providing the resume is sufficiently detailed. To evaluate your application, WACEL needs to know specifics. In the case of experience, for example, describe exactly the tasks with which you were involved (e.g. "conducted slump tests and made cylinders in the field) and the degree you were (or are) personally responsible for your work. Thank you.

EDUCATION

Name of School	City Location	Years Attended	Degree or Diploma received
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EXPERIENCE

In sequential order, detail the name and address of your employer, your title or position, name and title of your immediate supervisor and description of duties (be factual and specific). Attach additional sheets if necessary.

Employment Dates	Name/Location of Employer	Position/Title
_____	_____	_____

Duties: \_\_\_\_\_

Supervisor's name and title: \_\_\_\_\_

Employment Dates	Name/Location of Employer	Position/Title
_____	_____	_____

Duties: \_\_\_\_\_

Supervisor's name and title: \_\_\_\_\_

Complete and return with other application materials to: WACEL, 7900 Wisconsin Avenue, Suite 305, Bethesda, MD 20814.