Registration can be done using this form, OR online at www.superpave.psu.edu.

Please read and follow these directions. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED FOR CERTIFICATION RENEWAL OR LEVEL 2 PLANT INITIAL CERTIFICATION.

1. Fill in or attach information as indicated and obtain required signatures.

2. **If paying by check or money order, submit by mail** a separate copy of this form for each applicant and for each certification to NECEPT at the address below. Check or money orders **must** be included for the corresponding total fee payable to Pennsylvania State University. **Credit card payments are accepted only if paid online (i.e., through online registration).** If you register online, you MUST pay with a credit card; you may not mail in a check or money order separately.

3. Applications that are not complete or are not accompanied with payment will be returned to the sender. (**Note:** All PennDOT employees will automatically be direct billed to the appropriate PennDOT District unless payment is enclosed with this application or a request is made to be emailed a link to pay online.)

4. Applicant should allow 3-5 weeks after NECEPT receives the completed application to receive their new certification card.

5. All certification cards will be mailed directly to the mailing address listed on the application. It is up to the certified technician to give a copy of their certification card to their place of employment, if necessary.

**Falsification of information on this form may jeopardize your certification status.**

**NECEPT Contact Information:**

Penn State University/The Thomas D. Larson PA Transportation Institute  
NECEPT/PennDOT Technician Certification Program  
201 Transportation Research Building  
University Park, PA 16802  
Phone: 814-863-1293  
Fax: 814-865-3039  
Email: superpave@psu.edu
BEFORE YOU FILL OUT THIS FORM, READ THE PRECEEDING PAGE

♦ Enter your 2-6 Digit NECEPT ID number here ____________

♦ If you do not know your ID number, call (814) 863-1293. Do not submit this application without your ID number.

REFER TO PENNDOT PUB. 351 FOR REQUIREMENTS FOR INITIAL CERTIFICATION & CERTIFICATION RENEWAL

APPLICATION CATEGORIES: FEE

Bituminous Field Technician Certification Renewal Card $35.00
Current Expiration Date of Bituminous Field Tech Certification: ______________

Bituminous Level 1 Plant Technician Certification Renewal Card $35.00
Current Expiration Date of Bituminous Level 1 Plant Tech Certification: ______________

Bituminous Level 2 Plant Technician Certification Renewal Card $35.00
Current Expiration Date of Bituminous Level 2 Plant Tech Certification: ______________

If this is your initial time applying for Level 2 Plant, please indicate date when you completed the Superpave Mix Design Workshop ______________

Applicant Name: __________________________

Email Address(es): YOU MUST ENTER AT LEAST ONE EMAIL ADDRESS TO RECEIVE CONFIRMATION EMAILS.
1 __________________________ 2 __________________________

Affiliation: PennDOT (District/Bureau) ______________ Industry _____ Consultant _____ Other _____

Employer: __________________________ Job Title: __________________________

Mailing Address: __________________________ City: __________________________ State & Zip: ______

Daytime Phone: __________________________ Alternate Phone: __________________________ Fax Number: __________________________

Work Experience: Minimum 500 hours for all renewals, 1,000 hours for initial. (If insufficient space below, attach separate sheet(s).)

<table>
<thead>
<tr>
<th>Start Date</th>
<th>End Date</th>
<th>Work Performed (List Projects/Total Hours/Location/Immediate Supervisor and Supervisor’s phone #)</th>
</tr>
</thead>
<tbody>
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Learning Activities: Must include minimum of two Update/Refresher Courses in two separate years OR one Update/Refresher Course plus one additional learning activity listed in Pub. 351 or pre-approved by your DME/DMM. If you are applying for INITIAL certification of Level 2 Plant, this is not required.

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>Name of Activity</th>
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</table>

SIGNATURES REQUIRED BEFORE SUBMISSION TO NECEPT:

Supervisor Name __________________________ Supervisor Signature __________________________

PennDOT ACE/M, DME/M Name* __________________ PennDOT ACE/M, DME/M Signature* __________________________

*May be a PennDOT Bureau Representative or a PTC Representative Name and Signature as indicated in Pub. 351.

BEFORE MAILING THIS FORM, PLEASE MAKE SURE YOU HAVE COMPLETED THE FOLLOWING:

♦ Fill in the form completely, including obtaining signatures.
♦ Enclose any necessary documents, including proof of attendance to learning activities, if applicable.
♦ Enclose payment.

Incomplete applications will be returned!