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 PRECEDING 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:  

<table>
<thead>
<tr>
<th>Category</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asphalt Field Technician Certification Renewal Card</td>
<td>$35.00</td>
</tr>
<tr>
<td>Asphalt Level 1 Plant Technician Certification Renewal Card</td>
<td>$35.00</td>
</tr>
<tr>
<td>Asphalt Level 2 Plant Technician Certification Renewal Card</td>
<td>$35.00</td>
</tr>
</tbody>
</table>

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>
<tr>
<td></td>
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</tbody>
</table>

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>
</tr>
</thead>
<tbody>
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</tbody>
</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!