



PENNDOT ASPHALT CERTIFICATION RENEWAL  
OR ASPHALT LEVEL 2 PLANT  
INITIAL CERTIFICATION (CARDS ONLY)  
2020 APPLICATION FORM

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**Registration can be done using this form, OR online at [www.superpave.psu.edu](http://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](mailto:superpave@psu.edu)



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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:

Asphalt Field Technician Certification Renewal Card \$35.00

Current Expiration Date of Asphalt Field Tech Certification: \_\_\_\_\_

Asphalt Level 1 Plant Technician Certification Renewal Card \$35.00

Current Expiration Date of Asphalt Level 1 Plant Tech Certification: \_\_\_\_\_

Asphalt Level 2 Plant Technician Certification Renewal Card \$35.00

Current Expiration Date of Asphalt 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 with 3 columns: Start Date, End Date, Work Performed (List Projects/Total Hours/Location/Immediate Supervisor and Supervisor's phone #)

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 with 3 columns: Date, Location, Name of Activity

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!