



The Asphalt Institute

National Binder Technician Certification PROGRAM



NBTC CERTIFICATION APPLICATION

Complete form and fax to: Asphalt Institute, NBTC Coordinator, (859)288-4999

Application form must be signed

Name: _____

Agency/Company: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Position: _____ **Cell Phone:** _____

E-Mail: _____ **Telephone:** _____

Experience:

Date of hire with present employer: _____

Supervisor or NBTC Certified Technician name: _____ **Cert. #** _____

Title: _____

Telephone: _____ **E-Mail:** _____

Do you routinely conduct AASHTO M320 Testing?: Yes No

How long have you performed AASHTO M320 Testing?: _____

How many times per week do you perform the following tests?:

Dynamic Shear Rheometer _____ **Direct Tension Tester** _____

Rotational Viscometer _____ **Flash Point** _____

Bending Beam Rheometer _____

By signing below, I attest that the information I have provided on this application form is true to the best of my knowledge. I understand that deliberate misrepresentation of any of the information on this form may disqualify me from obtaining certification through the Asphalt Institute's NBTC Program.

By supplying your email address above, you agree to allow the Asphalt Institute and Asphalt magazine to send you periodic announcements via email. Your email address and contact information will never be shared or sold to a third party. If you do not want to receive future email announcements, you may unsubscribe at any time by sending an email to webmaster@asphaltinstitute.org.

Applying for Course Dates: _____ **Location:** _____

Signature: _____ **Date:** _____

Supervisor's Signature: _____ **Date:** _____