

**CCIL HMA LABORATORY TECHNICIAN CERTIFICATION PROGRAM
APPLICATION**

NAME: _____

POSITION: _____

COMPANY: _____

ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

PHONE: _____ FAX: _____

E-MAIL: _____

1) Curriculum Vitae Attached:

It should provide detailed description of candidate's job function and hands-on experience related to Asphalt laboratory testing.

2) Current CCIL Asphalt Certified Technicians, please provide the following:

Asphalt Technician Card No. _____ Expiration Date _____

Laboratory Supervisor/Manager Name (Responsible for Laboratory):

NAME (please print): _____

Email _____

SIGNATURE: _____

DATE: _____

Please email completed application with CV to gkermath@ccil.com