

ALABAMA DEPARTMENT OF TRANSPORTATION
BUREAU OF MATERIALS AND TESTS
AGGREGATE CONTROL PROGRAM

APPLICATION FOR CERTIFICATION AND RECERTIFICATION

NOTE: THIS FORM MUST BE ACCOMPANIED BY A COMPLETED [BMT-138](#). IF YOU DO NOT PROVIDE A VALID MAILING ADDRESS YOU WILL NOT RECEIVE YOUR CARD IN A TIMELY MANNER. MAKE SURE YOU FILL IN THE FORM COMPLETELY AND WRITE LEGIBLY.

1. NAME: _____

2. DATE: _____

3. CHECK ONE:

INITIAL CERTIFICATION

RECERTIFICATION

4. ADDRESS YOU WOULD LIKE YOUR CARD MAILED TO INCLUDING ZIP CODE:

5. EMAIL: _____

6. CAMMS ID OR DRIVER LICENSE #: _____

7. PHONE NUMBER: _____

8. EMPLOYER: _____

9. EMPLOYER ADDRESS INCLUDING ZIP CODE:

10. SOURCE #: _____

11. HOW LONG HAVE YOU BEEN WORKING FOR THE ABOVE EMPLOYER?

IF YOU ARE APPLYING FOR RECERTIFICATION ANSWER THE FOLLOWING:

12. DATE CERTIFIED: _____

13. CERT. NO: _____

SUMMARY OF EXPERIENCE

1. HAVE YOU ATTENDED ANY AGGREGATE RELATED SEMINARS OR WORKSHOPS? IF SO, GIVE DATES:

2. BRIEFLY LIST YOUR DUTIES AND EXPERIENCE FOR THE PAST THREE (3) YEARS:

SEND APPLICATION TO:

ALABAMA DEPARTMENT OF TRANSPORTATION
BUREAU OF MATERIALS AND TESTS
3704 FAIRGROUND ROAD
MONTGOMERY, AL 36110
ATTENTION: AGGREGATE CONRTOL SECTION
PHONE: (334) 206-2417
EMAIL: lynchi@dot.state.al.us