

ARIZONA TECHNICAL TESTING INSTITUTE

APPLICATION FORM

Technician's

Name: _____
(Please print) (Last) (First)

Company: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____ Fax: _____

- ADOT EMPLOYEES MUST COMPLETE
- ADOT ORG# _____ ADOT PG# _____
- Supervisor Name _____
- Supervisor Phone _____

Payment must be made with application form in order to be scheduled. Registration fee includes workbook. A confirmation will be sent in advance. Full refunds will be made for cancelled programs. Prepaid applicants wishing to cancel must contact ATTI no later than five days prior to a scheduled exam to receive a registration refund. Substitutions for paid registrations will be allowed with advance notice.

- | | |
|-----------------------------|----------|
| () Soils/Aggregate Level I | \$450.00 |
| () Asphalt Level I | \$450.00 |
| () Field Level I | \$300.00 |
| () Re-examination | \$50.00 |

Previously failed exam (check one)

- () Soils/Agg. () Asphalt () Field

(Preferred exam date)

Total Enclosed: _____

Credit Card Payment

Cardholder Name: _____

CC# _____ Exp. Date: _____ Card Security Code: _____

Billing address: _____

Return check and application form to: Arizona Technical Testing Institute
8050 N. 19th Ave. #419
Phoenix, AZ 85021