**PERSONAL INFORMATION NOTICE**

Pursuant to the Federal Privacy Act (Section 552 et seq.) and the Information Practices Act of 1977 (IPA) (Civil Code Sections 1798 et seq.), notice is hereby given for the request of personal information by this form. The requested personal information is voluntary. The principal purpose of the voluntary information is to facilitate the processing of this form. The failure to provide all or any part of the requested information may delay processing of this form. No disclosure of personal information will be made unless permissible under Article 6, Section 1798.24 of the IPA of 1977. Each individual has the right upon request and proper identification, to inspect all personal information in any record maintained on the individual by an identifying particular.

# Independent Assurance Program (IAP)

# Service Request Form Guidance

**GENERAL INSTRUCTIONS AND NOTES**

Requests and required attachments for Technician Certification must be submitted by e-mail: [IA.Service.Request@dot.ca.gov](mailto:IA.Service.Request@dot.ca.gov)

Requests are processed in the order in which they are received

All laboratory accreditations and technician certifications follow the procedures outlined in the Caltrans Independent Assurance (IA) Manual.

The general request process is outlined below:

1. Private entity submits a completed request form and required attachments.
2. Cursory review of submitted package is performed for completeness.
3. Request is assigned to an IA personnel.
4. Assigned IA will review submitted package for technical content and request additional information as needed.
5. Laboratory accreditation and/or technician certification is coordinated and performed.
6. Once completed, accreditation and/or certification information is input into the Statewide IA Database: <https://sia.dot.ca.gov/index.php>

**FORM SPECIFIC INSTRUCTIONS AND NOTES**

**Technician Certification Request Form**

This Form is required for all technician certification requests. One form must be provided for each technician submitted for review. Use additional forms if the technician is requesting more certifications than what are allowed on one form. Each test method requested for certification must be listed on this form. The technician must be associated with a Laboratory that is accredited in the test methods being requested or is concurrently going through the Laboratory accreditation process through the IAP Service Request. **Test Methods that are covered through the Joint Training and Certification Program (JTCP) will not be provided through the IAP Service Request except for CT 125 as described in the 2018 IA Manual Amendment.** Please see which test methods are provided through the JTCP at https://dot.ca.gov/programs/engineering-services/joint-training-certification-program-jtcp. A valid technician e-mail address is required. A currently advertised, awarded, ongoing Caltrans contract, or a Federally funded Local Assistance project is required to utilize the Independent Assurance Program (IAP) Service Request. Written exams must be completed prior to the practical examination. This Form is not required if requesting written exams only. To schedule written exam only, please see IA Program website for Office Hours and contact information. Technician Certification requests must be submitted 15 days prior to expiration or the requested service date.

**E-mail completed requests to:** [**IA.Service.Request@dot.ca.gov**](mailto:IA.Service.Request@dot.ca.gov)

**TECHNICIAN CERTIFICATION REQUEST**

**Section 1: TECHNICIAN INFORMATION**

Technician Name: Phone Number:

E-mail Address:

Laboratory Name: RSP/CT ID #:

Address: City: Zip:

Lab Manager: Phone Number:

Lab Manager E-mail Address:

Is the Laboratory Currently Accredited (or receiving accreditation concurrently)?

Yes  No\*

\*Please note that a technician certification request will not be performed unless the lab is currently accredited or going through the laboratory accreditation process concurrently.

**Section 2: PROJECT INFORMATION**

A currently advertised, awarded, ongoing Caltrans contract, or a Federally funded Local Assistance project is required for the Independent Assurance (IA) Laboratory Accreditation Request. The project status below will be utilized to prioritize and determine eligibility.

**Project EA:**  (required) **Project Status:**

*Project Status Options: Advertised, Awarded, Ongoing, Federally Funded Local Assistance*

**Section 3: REQUESTED CERTIFICATIONS**

| **Test Method Requested** | **Type of Certification** | **Tester Documentation Complete** |
| --- | --- | --- |

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| --- | --- | --- | --- | --- | --- |
| (one per line) | Written (New) | Practical | Recertification | Training Record | Training Affidavit |
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Notes:

* Written examination must be completed prior to the practical examination. IAP office hours can be found on the Independent Assurance Program Website.
* Certifications for those test methods covered by the Joint Training and Certification Program are not covered through this Technician Certification Request except for CT 125 as described in the 2018 IA Manual Amendment.
* Use additional TL-0120 forms if additional test methods are needed.

|  |  |
| --- | --- |
|  | Total Number of Test Method Certifications Requested |

**Section 4: ATTACHED DOCUMENTS**

*The documents below must be provided with each technician certification request.*

1. Complete Technician Training and Evaluation Record (or similar)
2. Complete Employer Affidavit of Testing Proficiency (or similar)

*In accordance with the requirements of the Caltrans Independent Assurance Manual, I am requesting Caltrans technician certification. I have reviewed all aspects and am satisfied that I meet or exceed the requirements detailed in the Independent Assurance Manual and supplemental amendments. By signing below, I consent to have information related to this certification request posted on the Statewide Independent Assurance Database for purposes of qualification verification.*

**Technician Signature Date**