**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.

# EMPLOYER AFFIDAVIT OF TESTING PROFICIENCY

Laboratory Name: RSP/CT ID #:

Address: City: Zip:

Lab Manager: Phone Number:

E-mail Address:

Affidavit For:

*I have reviewed and witnessed his or her testing procedures. I submit that this individual is proficient in the following tests:*

| Test Method | Test Description |
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In accordance with the requirements of the Caltrans Independent Assurance Program Manual, I certify that the individual named above meets or exceeds the requirements and is prepared for Caltrans IA Certification. The individual named above is physically capable of performing the test method in accordance with the Health and Safety portion of each test method. All required documents are attached (current certifications, training documents, and résumés).

**QC Manager Signature Date**