



CTQP Asphalt Mix Designer Prerequisite Affidavit

Instructions:

1. Complete the information below and return the form (and any required attachments) to admin@ctqpflorida.com

Written Exam Information:		
D	ate Serial Number	Provider
Please	select all of the following statements.	
I certify	that I have:	
□ A	current CTQP Asphalt Plant Level 1 Cer	tificate, which is attached to this letter.
	• • •	nt operations or asphalt mix testing. Enclosed is a letterhead to verify my work experience.
Signati	ure	
 Name		
Drivers License Number		 Date
 Email		