

Date:

**Quality Assurance Program Administrator
190 Dry Branch Dr.
Charleston, WV 25306**

Mr. Harper,

I am a Responsible Person representing _____.
I am familiar with WVDOH, AASHTO and ASTM procedures related to the
Asphalt Field and Compaction _____ Certification. I hereby authorize and verify that 40
hours of Hands-On-Training was completed by _____
according to WVDOH, AASHTO and ASTM procedures.

Sincerely,

Signature

Printed Name

Job Title

Date