|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| DOTLOGO2 | | | | | | | | | | | | | | | **Witness Verification for Aggregate Gradation Technician Course** | | | | | | |
|  | | | | | | | | | | | | | | |  | | | | | | |
| To complete the qualifications as a Gradation Technician, satisfactory field performance shall be demonstrated under | | | | | | | | | | | | | | | | | | | | | |
| the direct observation of an Illinois Department of Transportation (IDOT) representative who has successfully completed | | | | | | | | | | | | | | | | | | | | | |
| the Aggregate Technician Course. | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | |  | | | | | | | | | | | | | | | | |
|  | | | | |  | | | | | | | | | | | | | | | | |
|  | | | | |  | | | | | | | | | | | | | | | | |
| **TO THE TRAINEE:** | | | | | **Complete the following information (please print).** | | | | | | | | | | | | | | | | |
|  | | | | | **Give this form to the IDOT representative performing the field observation.** | | | | | | | | | | | | | | | | |
|  | | | | |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| Your Name: | |  | | | | | | |  |  | | | | | |  | |  | |  |  |
|  | | First | | | | | | | Middle Initial | | | | | | | Last | | | | EID # | |
|  | | | | | | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| Verification Location: | |  | | | | | | | | | | | | | | | | | | | |
|  | | Facility | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | | | | | | | | | | | |
|  | | City/State | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
|  | |  | | | | | | | | | |  | |  | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | | | | | | |
| **TO THE IDOT FIELD OBSERVER:** | | | | | | **Complete this witness statement and e-mail to** | | | | | | | | | | | | | | | |
|  | | | | | | **dot.bmpr.gradtrain@illinois.gov** | | | | | | | | | | | | | | | |
|  | | | | | | **or Fax to (217) 782-2572 ATTN: Scott Hughes.** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| On {date} |  | | | , the Trainee named above demonstrated satisfactory field performance under my direct | | | | | | | | | | | | | | | | | |
| observation and may be listed as a Gradation Technician. | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| Witness Name **(please print)** | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | |  |  | | | | | | | | | |  |  | | |
| First | | | | | | | Middle | | | | | | | | | | | Last | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | |  | |  | | | | | | | | |
| Witness Signature | | | | | | | | | | | | | Date | | | | | | | | |