



**STATE OF TENNESSEE
DEPARTMENT OF TRANSPORTATION
DIVISION OF MATERIALS AND TESTS
6601 CENTENNIAL BLVD.
NASHVILLE, TENNESSEE 37243-0360**

Technician Training
Supervisor Recommendation Form

Organization Information

Region: 1 2 3 4 HQ

Organization Name _____ Work Phone _____

Work Address _____

City _____ State _____ Zip Code _____

Supervisor Approval

I, _____ am assuring that _____
Print Supervisor's Name (First MI Last) *Print Candidate's Name (First MI Last)*

has met the prerequisites for _____
Course Title

and has the requisite knowledge, skills, and experience required of a technician certified in the level sought.

Supervisor's Signature

Instructions

1. Fill out the recommendation form completely. *Print legibly and fill in all blanks.*
2. Read carefully the supervisor statement of approval.
3. Sign the approval form.
4. Registration form and approval form must be received **1 week** prior to the course.