

**Company Name**

\_\_\_\_\_

**Address**

\_\_\_\_\_

**City, State Zip Code**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Mary Corley  
Program Manager  
Tri-County Technical College  
PO Box 587  
Pendleton, SC 29670**

**Re: Pre-Highway Experience Documentation Form**

**Start Date:**

\_\_\_\_\_

**Student Name:**

\_\_\_\_\_

**Description of On-the-Job Training:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Rater's Certification Information:**

Certification Name	Certification Number	Expiration Date
Certification Name	Certification Number	Expiration Date

**Rater's Signature**

**Company Name**

\_\_\_\_\_