



After registering, you have 45 days to complete the coursework  
You then have 15 days to take the exam  
Any questions regarding the online coursework or this website should  
be directed to

Terry Gallion  
MD Asphalt Association  
410-761-2160

To schedule your exam, please contact  
**Lisa R. Alford, Technician Certification Information Manager**

Office of Material Technology  
7450 Traffic Drive Building 4  
Hanover, Maryland 21076  
Phone: 443-572-5040 or 1.866.926.8501  
*lalford@sha.state.md.us*

## Registration Page

### *MD Asphalt Association Member Rate*

Please select this subscription rate if your company is an active member of the MD Asphalt Association.

Once you have registered, **you will have 45 days to access the educational content of this website, and must complete the examination within 15 days following.** Course materials will be mailed to you within the next 2 business days. After completing your review of the material, you must schedule an exam with the MD SHA. Information on scheduling this exam will be included with your course materials.

Remember, reviewing these materials does not complete the Certification Process, you must pass the Certification Test administered by the SHA to become fully Certified.

Price: \$550.00

Add To Cart

### Shopping Cart

Your shopping cart is empty  
*Visit the shop*

## Shopping Cart

Product	Qty	Price
<i>MD Asphalt Association Member Rate</i>	1	\$550.00 

---

*1 item*

**Subtotal:**  
**\$550.00**  
**excluding**  
**discount,**  
**shipping and**  
**tax**

*Checkout*  
*Clear cart*



If you have bought from us before please sign in here to purchase

Total Price:

\$550.00

### Join up now

**Username:**

**Password:**

**E-mail:**

Signing up is free and easy! please fill out your details your registration will happen automatically as you checkout. Don't forget to use your details to login with next time!

Enter your email address



BillPayers1@gmail.com

Your billing details

First Name \*

Bill

Last Name \*

Payer

Address \*

123 Bill Payer Lane

City \*

Glen Burnie

State \*

Maryland

Country \*

USA

Postal Code

21061

Phone \*

555-555-5555

## Shipping Address

**First Name**

Course

**Last Name**

Taker

456 Course Taker Lane,  
Book Delivery Address

**Address**

**City**

Glen Burnie

**State\***

Maryland

**Country**

USA

**Postal Code**

21061

**Company \***

Technician Inc.



joepq@gmail.com

Please enter a valid Email.

### Your billing/contact details

First Name \*

Joe

Last Name \*

Public

123 Anywhere Ave.

Address \*

City \*

Anytown

Country \*

USA ▼

Maryland ▼

Postal Code

2?????

Phone \*

410-??-????

### Shipping Address

Same as billing address:

Your order will be shipped to the billing address

Company \*

Engineers R Us

Please enter a valid Company.

Total Price:

\$550.00

Purchase

# Maryland Asphalt Association

## Your order summary

Descriptions	Amount
MD Asphalt Association Member Rate Item number: 295 Item price: \$550.00 Quantity: 1	\$550.00
<b>Item total</b>	<b>\$550.00</b>
<b>Total \$550.00 USD</b>	

**PayPal** Purchase Protection

on eligible purchases | [See details](#)

Shop around the world with confidence

## Choose a way to pay

### ▼ Pay with my PayPal account



Log in to your account to complete the purchase

Email

PayPal password

This is a private computer. [What's this?](#)

[Log In](#)

[Forgot email or password?](#)

### ► [Pay with a debit or credit card, or PayPal Credit](#)

(Optional) Join PayPal for faster future checkout

[Cancel and return to Maryland Asphalt Association.](#)

[Site Feedback](#) (+)

PayPal. The safer, easier way to pay. For more information, read our [User Agreement](#) and [Privacy Policy](#).

Country

**Debit or Credit Card**

Prepaid Gift Card

Bill Me Later  
Special Offer

Card number

Payment types    

Expiration date mm yy  
 /

CSC

[What is this?](#)

**Billing information**

First name

Last name

Address line 1

Address line 2  
(optional)

City/State

ZIP code

**Shipping address**  Same as billing address

**Contact information**

Phone type

[Why is this needed?](#)

Phone number 555-555-1234

Email

Click **Pay** to complete your purchase. Please review your information to make sure that it is correct.

**Pay**



Country

**Debit or Credit Card**

Prepaid Gift Card

Bill Me Later  
Special Offer

Card number

Payment types    

Expiration date mm yy  
 /

CSC   
[What is this?](#)

**Billing information**

First name

Last name

Address line 1

Address line 2  
(optional)

City/State

ZIP code

**Shipping address**  Same as billing address

**Contact information**

Phone type    
[Why is this needed?](#)

Phone number 555-555-1234

Email

Click **Pay** to complete your purchase. Please review your information to make sure that it is correct.

**Pay**

Payments processed by 