

# WCCA Traffic Control Supervisor (TCS) Certification Application

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Employer Name: \_\_\_\_\_

Applicant Supervisor: \_\_\_\_\_

Supervisor Title: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Name: \_\_\_\_\_

COLORADO DEPARTMENT OF TRANSPORTATION APPROVED

## TCS 16 hour—3 year Certification Class

- WCCA Member & Public Officials—**\$275.00**
- Non WCCA Member—**\$325.00**
- Current Flagger Certification active for 1 year on projects (copy attached)**
- 2,000 hours verifiable work on temporary traffic control projects**
- Two Professional References to verify your experience (Direct TCS Supervisor or Project Superintendent)**
  - Reference 2 cannot be employed by your present employer.
  - If you are a public official, and need certification, reference 2 cannot be employed in the same division of your agency.
  - If you are self-employed you will need to furnish an outside source for your professional references to verify experience.

## TCS 16 hour—Re-Certification Class

- Re- Certification w/current certification — **\$275.00**
- Current verifiable TCS Certification

## TCS Information Class Only

- WCCA Member/NON Member—**\$275.00**
  - **No hours needed. Class Completion Certificate only**

Do you need Spanish speaking accommodations or materials?

\* **All classes include free lunch for participants.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

I above applicant, state that the above information is true and correct to the best of my knowledge.



**Please complete applicable certification requirements on the other side.**  
Must be submitted to WCCA before class begins.

# CERTIFICATION ONLY

## Profession Reference 1

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company/Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Reference Signature: \_\_\_\_\_

Notary Acknowledgement State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_ 20\_\_\_\_.

## Profession Reference 2

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company/Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Reference Signature: \_\_\_\_\_

Notary Acknowledgement State of \_\_\_\_\_ County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_ 20\_\_\_\_.

By \_\_\_\_\_ Notary Public My Commission Expires \_\_\_\_\_

Notary Stamp

## Payment Information

- WCCA Invoiced – (call WCCA office at 970-245-1384) (must be current WCCA member in good standing)
- Credit Card (call WCCA office at 970-245-1384) (Visa, Master Card, American Express)
- Government Purchase Order (copy of PO required at time of registration) PO# \_\_\_\_\_
- Check/Cash

**EACH APPLICATION MUST BE PAID IN FULL PRIOR TO CLASS DATE**

**RSVP via Email at [WCCA@WCCA-gj.com](mailto:WCCA@WCCA-gj.com) or call 970-245-1384**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

I above applicant, state that the above information is true and correct to the best of my knowledge.