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_____

Employer Signature:_____

Name:_____

COLORADO DEPARTMENT OF TRANSPORTATION APPROVED

TCS 16 hour—3 year Certification Class

- ☐ WCCA Member & Public Officials—**$300.00**
- ☐ Non WCCA Member—**$450.00**
- ☐ 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. References from family members will not be accepted.

TCS 16 hour—Re-Certification Class

- ☐ Re– Certification w/current certification — **$300.00**
- ☐ Current verifiable TCS Certification

TCS Information Class Only

- ☐ WCCA Member/NON Member—**$300.00**
- • **No hours needed. Class Completion Certificate only**

☐ Do you need Spanish speaking accommodations or materials?

* *All classes include free lunch for participants.*

Payment is non-refundable unless cancelation notice, in writing, has been received 48 hours prior to start of class.

_____   _____

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.

TCS 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____.

 By_____ Notary Public My Commission Expires _____

Notary Stamp

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 or call 970-245-1384

Payment is non-refundable unless cancelation notice, in writing, has been received 48 hours prior to start of class.

_____   _____

Applicant Signature   Date

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