

WYOMING DEPARTMENT OF TRANSPORTATION
TRAFFIC CONTROL SUPERVISOR
CERTIFICATION PROGRAM

APPLICATION FORM

Applicant Name: _____ Company: _____

Home Address: _____ Phone: _____

Company Address: _____ Phone: _____ Fax _____

Correspondence will be sent to the Company address with a copy to the home address.

Application is for:

_____ CERTIFICATION: Applicants must have:

1. At least 1,200 hours serving as a Traffic Control Maintainer and 1,200 hours of directing others in the set-up of traffic control devices, or
2. At least 2,400 hours of directing others in the set-up of traffic control devices, or
3. An Associate's Degree (attach a copy of the diploma), and have at least 1200 hours serving as a Traffic Control Maintainer or directing others in the set-up of traffic control devices.

Documentation of work experience shall consist of completing the attached Work Experience Form to cover the required hours. Forms not signed by the company worked for will not be accepted.

_____ RECERTIFICATION - Certification # _____. Traffic Control Supervisors may recertify for a single 4 year period if they have been working as a TCS for the past 4 years. Include Work Experience Form.

_____ RECIPROCITY: Applicants currently holding the ATSSA certification as a Traffic Control Supervisor may be given reciprocity. The applicant must submit a copy of their current ATSSA certification along with a letter to the State Construction Engineer requesting designation as a WYDOT Traffic Control Supervisor.

I hereby certify that the facts I have provided in the application are true and complete.

Signature: _____ Date: _____

Submit Application and Work Experience Form(s) to:
State Construction Office
Attn: Traffic Control Supervisor Certification Coordinator
Wyoming Department of Transportation
5300 Bishop Boulevard
Cheyenne, Wyoming 82009-3340

WYDOT use only: Received _____ Approved _____

Work Experience Form Rcvd: Y or N. Total Hours _____ Copy of Diploma Received: Y, N or NA

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WORK EXPERIENCE FORM

NAME: _____

EMPLOYER: _____

PROJECT(s): _____

HOURS OF WORK EXPERIENCE*: _____

DATES OF WORK EXPERIENCE: From _____ To _____

DUTIES PERFORMED*: _____

The above hours are certified by:

Company: _____

Signed: _____ Date: _____

Title: _____

Print Name: _____

Phone Number: _____

Make Additional Copies if Necessary

*Flagging hours will not be considered for hours of work experience.