COLORADO CONTRACTORS ASSOCIATION

BRINGING INFRASTRUCTURE TO LIFE

# TRAFFIC CONTROL SUPERVISOR CERTIFICATION REFERENCE FORM

**Applicants Name:**_____

**Applicants SS#:** **000-**_____**-**_____

**Date of Class:** _____

The title of Colorado Contractors Association **Certified Traffic Supervisor** is a professional designation. To become certified as a traffic control supervisor, the applicant must provide documentation of at least 2000 hours, within a 2 year period, of satisfactory experience related to work zone traffic control during which the applicant has demonstrated his/her ability to work safely in work zones.

To be a certified traffic control supervisor you must designate on this form the person(s) who will complete the certification form. **The only people who are approved to complete and sign the certification form are the owners or authorized officers of the company, a supervisor of a road and bridge department and/or a highway engineer who works for a state, federal, city or county transportation agency.**

Please, clearly print, in the box below, the name(s) and address(es) of the person(s) who will complete your traffic control certification form. We are not responsible for incorrect or incomplete names or addresses, so please make sure your information is correct. **You cannot designate yourself as the contact for this form.**

| | |
|---|---|
| **Name:**_____ | **Name:**_____ |
| **Company:**_____ | **Company:**_____ |
| **Address:**_____ | **Address:**_____ |
| _____ | _____ |
| **City:**_____ | **City:**_____ |
| **State:**_____**Zip Code:**_____ | **State:**_____**Zip Code:**_____ |
| **Phone:**_____ | **Phone:**_____ |

**When you have completed this form return it to your instructor.**