



American Traffic Safety Services Association  
15 Riverside Parkway, Suite 100  
Fredericksburg, VA 22406-1022  
Toll Free 1-877- 642-4637  
(540) 368-1711 Fax: (540) 368-1722

## MAKEUP REQUEST FORM

- Traffic Control Technician Exam
- Traffic Control Supervisor Exam
- Pavement Marking Technician Exam

### MAKEUP OPTIONS

**TAKE EXAM AT AN ATSSA COURSE - \$15 FEE** Course Location: \_\_\_\_\_ Date: \_\_\_\_\_

You need to be present for the exam on the last day of the course. If you need a course schedule, please call ATSSA.

**I WANT THE EXAM PROCTORED - \$25 FEE** Exam date: \_\_\_\_\_

It is your responsibility to obtain the proctor. The proctor may be:

- ◆ a professional educator (teacher, principal, etc.) with current teaching credentials
- ◆ a public official at department head level
- ◆ a city, county or state staff person (human resources manager or training officer)

*The proctor selected can not be a person with whom you have a direct working relationship. You and the proctor are to agree on a date when you wish to take the exam. ATSSA needs to receive this completed form within 10 working days of your scheduled exam date to guarantee that your study materials or the test will reach the intended destination in a timely manner.*

PROCTOR: \_\_\_\_\_ TITLE: \_\_\_\_\_

COMPANY / AGENCY / SCHOOL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY / STATE / ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

Mr.  Ms. First Name: \_\_\_\_\_ Mi: \_\_\_\_\_ Last Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_ Company Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Company Phone: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

### Payment Method

Check (payable to ATSSA)  Please Invoice Me PO# \_\_\_\_\_

Invoicing Address (if different than mailing address): \_\_\_\_\_

Charge my:  Visa  M/C  Amex  Discover

Account #: \_\_\_\_\_ Cardholder: \_\_\_\_\_

Expiration date: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_