



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

RE-CERTIFICATION REQUEST FORM

Flagger Instructor	ATSSA Member \$100 _____	Non-Member \$125 _____
Pavement Marking Technician	ATSSA Member \$100 _____	Non-Member \$125 _____
Traffic Control Supervisor	ATSSA Member \$100 _____	Non-Member \$125 _____
Traffic Control Supervisor On-Line Re-Cert Make-up	ATSSA Member \$15 _____	Non-Member \$25 _____
Traffic Control Technician	ATSSA Member \$100 _____	Non-Member \$125 _____
Flagger Re-Registration (On-line or Proctored only)	ATSSA Member \$25 _____	Non-Member \$35 _____

RE-CERTIFICATION OPTIONS

TAKE EXAM ON-LINE Date: _____ On-Line exams will be an additional \$25.00. If taking the on-line exam you must provide us with a current email address.

TAKE EXAM AT AN ATSSA COURSE 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.

ATTEND A FULL COURSE AS A REFRESHER AT 1/2 PRICE Course Location: _____ Date: _____

I WANT THE EXAM PROCTORED 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 cannot 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: _____

SHIPPING ADDRESS: _____

CITY / STATE / ZIP: _____

PHONE: _____ FAX: _____

____ Mr. ____ Ms. First Name _____ MI _____ Last Name _____

Title/Position: _____ Company Name: _____

Shipping Address _____

City: _____ State: _____ Zip: _____

Company Phone: (____) _____ FAX: (____) _____ E-Mail _____

Payment Method _____ Check (payable to ATSSA) PO# _____
 (Copy of purchase order required at time of registration)

Charge my: _____ Visa _____ M/C _____ AMEX _____ Discover

Account # _____ Card Holder: _____

Expiration Date: _____ Authorized Signature: _____