

Traffic Control Certification Form

This form must be completed & submitted to the Project Engineer prior to the project start-up.

Date: _____ Improvement Dist/Project #: _____

Contractor: _____

Anticipated Project Start Date: _____

Traffic Control Supervisor Name: _____

Phone #: _____

Traffic Control Watchperson Name: _____

Phone #: _____

Date Traffic Control Supervisor Course Taken: _____

Note: Failure to submit traffic Control Certification form prior to project start-up will forfeit any right to receive reimbursement for all traffic control items pertaining to the project and / or risk project shut-down until traffic control issues have been remedied.