RE-CERTIFICATION REQUEST FORM

|フラッガーインストラクター | ATSSA Member $109 | Non-Member $130 |
|フラウンティングマーカー | ATSSA Member $109 | Non-Member $130 |
|トラフィックコントロールスーパーヴィーター | ATSSA Member $109 | Non-Member $130 |
|トラフィックコントロールスーパーヴィーターオンラインリセーティフィケーション | ATSSA Member $25 | Non-Member $25 |
|フラッガー再登録（オンラインまたはプロクターのみ） | ATSSA Member $25 | Non-Member $35 |
|トラフィックコントロールデザイナー スペシャリスト（オンライン unusable） | ATSSA Member $109 | Non-Member $130 |

RE-CERTIFICATION OPTIONS

☐ TAKE EXAM ON-LINE  Date: ________________  On-Line exams will be an additional $35.00.
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: ________________
(You will be charged the re-certification fee plus 1/2 of the course fee if you choose this option.)

☐ 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 will determine the exam date. ATSSA needs to receive this completed form within 10 working days 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# __________________
(Allowed for Govt. Agencies Only. Copy of purchase order required at time of registration)

Charge my: _____Visa _____M/C _____AMEX

Account # ____________________________ Card Holder: ____________________________

Expiration Date: ______________________ Authorized Signature: ______________________