



Certification Application

Washington State-Specific Training

Traffic Control Supervisor (TCS)

The information requested in this application will aid in determining your eligibility for certification as a Traffic Control Supervisor (TCS). Read and follow the instructions carefully. In addition, it is important to remember:

- The information you provide must be complete, accurate, and specific.
- All information furnished on this application is subject to verification.
- Please do NOT return these instructions with your application. A copy of the Code of Ethics should be retained for your files.
- Certification is valid for four years from the date the course is taken.

Minimum Eligibility Requirements

The following requirements must be met before you can be certified:

- Provide Proof of 2,000 hours of traffic control and related work zone safety experience, including one or more of the following: direct responsibility for placement of work zone traffic control devices, direct responsibility for field maintenance of work zone traffic control devices, inspection of the placement of operational function of work zone traffic control devices, and/or supervision of traffic control crews
- Attend a WSDOT approved 2 ½ day (20-hour) course on Traffic Control Supervision
- Pass the WSDOT Traffic Control Supervisors examination with at least an 80% score
- Submit two professional letters of recommendation from previous employers or an outside professional reference with the applicant's traffic control and related work zone safety experience
- Posses a valid Washington State or reciprocating State flagger certification card

Application Instructions

The instructions below correspond with the application.

1. Fees

If you are an ATSSA member, the fee is \$109.00. The fee for nonmembers is \$130.00. ATSSA staff will confirm member status. This fee may have already been paid when you registered for the course(s).

2. Payment Method

Payment may be made by check, money order or designated credit cards. DO NOT SEND CASH.

3. Employment Data

Your name should be printed exactly the way you want it to appear on your certificate and card. The address should be your company's main/central office. Your certification package will be mailed there unless otherwise noted. Please do not use a field office address.

4. (and 5.) Professional References

Professional references are necessary to verify your experience. To expedite the process and avoid delays, it is imperative that you complete all of the information shown for each reference. In addition, ensure that the following criteria are met:

- Reference 1 should be your immediate supervisor. If your present supervisor cannot verify that you have at least one year (2,000) hours of work zone experience, another reference must be provided (a previous employer).
- Reference 2 cannot be employed by your present employer. If you are public official, Reference 2 cannot be employed in the same division of your agency.
- If you are self-employed, you will need to furnish an outside professional reference to verify your experience.

- References from family members will not be considered.

6. Statement of Experience and Code of Ethics

The statement of experience and the Code of Ethics are integral parts of this application. Your signature and date on the bottom of the application indicate that the information you have provided is accurate and true, and that you agree to abide by the Code of Ethics. CERTIFICATION WILL NOT BE ISSUED WITHOUT YOUR SIGNATURE.

Final Steps

To ensure your application is complete and ready for processing, please review the following checklist:

- Has the application been double-checked and all required information is completed?
- Has the application been signed and dated?
- Has payment been included?

Mail the completed form and processing fee to:

American Traffic Safety Services Association (ATSSA)
15 Riverside Parkway, Suite 100
Fredericksburg, VA 22406-1022
540-368-1701
877-642-4637 (toll free)
540-368-1722 (fax)*

*Applications may be faxed; however, you are still required to mail the original signed document.



Washington State TCS

Certification Application

Top portion to be completed by ATSSA staff:

Exam Date	WSDOT TCS Grade	Expiration Date	ID #
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1. Fees ___ \$109 ATSSA Member ___ \$130 Nonmember
2. Method of Payment ___ Check/Money Order ___ MasterCard ___ Visa ___ AMEX
 Card Number: _____ Expiration: _____ CVV: _____
 Cardholder's Name/Signature: _____

3. Employment Data
 Name: _____
 Title: _____
 Company/Agency: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

4. Professional Reference 1
 Immediate Supervisor: _____
 Title: _____
 Company/Agency: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

5. Professional Reference 2
 Name: _____
 Title: _____
 Company/Agency: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____
 Email: _____

6. Statement of Experience and Code of Ethics
 By signing this application, I confirm that I have at least one year (2,000) hours of temporary traffic control experience. I certify that the information provided herein is true and correct, to the best of my knowledge. Finally, I attest that I have read and understand the accompanying Code of Ethics and, once certified, agree to perform my professional duties and to conduct myself accordingly.

Signature: _____ **Date:** _____



Code of Ethics

As a Certified Traffic Control Supervisor, I pledge and affirm to subscribe to the following articles of the Code of Ethics:

1. To conduct myself in a professional manner on the job in such a way as not to bring discredit to myself, my superiors, or others in my profession.
2. To perform my duties in a manner which provides the maximum level of safety to the motoring public, the pedestrian, the workers, and myself.
3. To strive to maintain a continuing education and personal skills enhancement program that will keep me up-to-date with the latest provisions of the Manual on Uniform Traffic Control Devices (MUTCD), and applicable state and local standards and guidelines.
4. To perform my duties in accordance with the latest provisions of the MUTCD for Streets and Highways and other applicable specifications and standards.
5. To assure that all devices and application of devices used on jobs where I am the designated Traffic Control Supervisor are in accordance with the provisions of the MUTCD or other applicable specifications and standards, and to report to the appropriate authority any deviations from said standards.
6. To be courteous to and accommodating of the general public.
7. To the best of my ability, provide assistance to those who may have met with misfortune at the worksite, according to the governing Good Samaritan laws.
8. When in the role of personnel supervisor, to conduct myself in a manner that will command respect for me and for the profession.
9. To promote the growth and image of the Certified Traffic Control Supervisor program in order to receive the maximum level of acceptance and respect of the general public and the highway construction industry, as well as my fellow workers in the industry.
10. To support the profession of Traffic Control Supervisor by offering guidance to those desiring to enter the industry, and by sharing information with them that will promote improved safety measures for the traveling public and the highway worker.
11. To maintain the highest ethical and moral standards in this important position of public trust in highway safety.