



Minnesota Department of Transportation
 Mail Stop 650
 395 John Ireland Blvd.
 St. Paul, MN 55155

October 1, 2011

Mn/DOT TRAFFIC CONTROL SUPERVISOR RECERTIFICATION (TCSR)

The Minnesota Department of Transportation (Mn/DOT) is offering a **TRAFFIC CONTROL SUPERVISOR RECERTIFICATION COURSE**. This one day training course is designed for those who have been certified as MN/DOT Traffic Control Supervisors and need to renew their certification. Classroom lecture will focus on the latest changes in technology and specifications related to Traffic Control. Upon passing a written examination students will maintain their certification. Instructors - Bill Servatius, (Mn/DOT Retired) Work Zone Safety & Training Manager, Craig Mittelstadt, Mn/DOT Work Zone Safety Specialist. **Audience:** Traffic Control Supervisors. Class will begin at 8:00 a.m. and conclude by 2:30 p.m. **6 PDH's will be given for this course.**

<u>Course Name</u>	<u>Course Dates</u>	<u>Location</u>
Traffic Control Supervisor Recertification	March 30, 2012	Mn/DOT Training & Conference Center 1900 West County Road I Shoreview, MN 55126

The fee for this class will be **\$125.00/per person**, payable in advance to **"Commissioner of Transportation"**. Registrants are responsible for their own lodging. **All cancellations must be made 7 calendar days prior to the class starting date. All cancellations must be in writing by letter, fax (651/366-4248) or e-mail to leigh.kriewall@dot.state.mn.us**. No refunds will be given after this time. No-show will be the full class fee responsibility of the registrant. Mn/DOT reserves the right to cancel under-enrolled courses.

TO ENROLL: Please complete and return the registration form below. Registrations are accepted on a first come basis, payment must accompany registration. Please use a separate form for each registration (Xerox copies of this form are acceptable). **Phone and fax registrations will not be accepted.**

TRAFFIC CONTROL SUPERVISOR RECERTIFICATION MARCH 30, 2012 REGISTRATION FORM

Last Name _____ First Name _____ M.I. _____
 Home Address: _____ City _____ State _____ Zip _____
 Firm/Organization _____
 Business Address _____ City _____ State _____ Zip _____
 Daytime Phone (ac) _____ Fax _____ Contact Person _____

Enclosed is \$_____ (\$125.00/person) check or money order payable to Commissioner of Transportation) in full payment of course fees. Mail to: Mn/DOT Attn: Leigh Kriewall, Mail Stop 650, 395 John Ireland Blvd. St. Paul, MN 55155.

A confirmation of enrollment and a map showing course location will be sent to your business address. Individuals who have a disability, either permanent or temporary, which might affect their ability to perform in this class, should indicate the disability on the back of this registration form.