



Your Partner in PUBLIC SAFETY

Certification Work Verification Form

Fax to Julie Cremonte @ 248 473-0730

Date: _____

Rev 030914

Agency: _____

Address: _____

Registrant: _____

Briefly describe your work experience during the previous _____ year(s). (Use back, if needed)

Registrant: (Please Sign) _____

All courses are open to anyone, regardless of work experience. Only those individuals that pass the certification exam and have the work experience and/or prerequisite certifications will receive IMSA certificates. Retroactive certificates will be issued if:

1. Prerequisite certification(s) are met.
2. Work Experience Verification Form is submitted and verified not later than one, two, three or five years respectively from the certification exam date.

CHECK APPROPRIATE BOX(ES) FOR COURSE REGISTRATION OR REQUEST FOR RETROACTIVE CERTIFICATION FROM A PREVIOUS COURSE.

<input type="checkbox"/> Michigan Temporary Traffic Control	1 Yr. Traffic Control Exp. including Tfc. Regulating
<input type="checkbox"/> Traffic Signals, Lev. 1	1 Yr. Traffic Signal Work Experience & MTTC
<input type="checkbox"/> Traffic Signals, Lev. 2 - Field	2 Yrs. Traffic Signal Work Experience & T/S, Lev.1
<input type="checkbox"/> Traffic Signals, Lev. 2 - Bench	2 Yrs. Traffic Signal Work Experience & T/S, Lev.1
<input type="checkbox"/> Traffic Signals, Lev. 2 - Design/Engineering	2 Yrs. Traffic Signal Work Experience & T/S, Lev.1
<input type="checkbox"/> Traffic Signals, Lev. 2 - Construction	2 Yrs. Traffic Signal Work Experience & T/S, Lev.1
<input type="checkbox"/> Traffic Signals, Lev. 3	5 Yrs. Traffic Signal Work Experience & T/S, Lev.2
<input type="checkbox"/> Signs & Markings, Lev. 1	1 Yr. Signs & Markings Experience and MTTC
<input type="checkbox"/> Signs & Markings, Lev. 2	2 Yrs. Signs & Markings Experience and S&M, Lev.1
<input type="checkbox"/> Signs & Markings, Lev. 3	5 Yrs. Signs & Markings Experience and S&M, Lev.2
<input type="checkbox"/> Roadway Lighting, Lev. 1	1 Yr. Roadway Lighting Experience and MTTC

Supervisor/Job Title: (print legibly) _____

I verify that (please print) _____ has _____ required number of year(s) work experience and has successfully completed all IMSA prerequisite certifications.

This form, with the supervisor's signature will be considered verification of course prerequisites.

Supervisor Signature: _____

Supervisor Ph: _____ Fax _____ Email _____

I prefer to be reached by telephone. The best time is _____. [] I prefer to be reached by email.

Course Reservation - Fax this Form with your Registration Form to the fax number shown on the course registration.

Retroactive Certification Fax this completed Form to Bill Moroski, MI Section Cert. Chairman at 248 628-3458 (call first)