



Your Partner in PUBLIC SAFETY

Certification Work Verification Form

Fax with Reservation to John Carrier @ 248 473-0730

Rev 081417

Date: \_\_\_\_\_

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.

Table with 2 columns: Course Name and Experience/Prerequisite. Rows include Michigan Temporary Traffic Control, Traffic Signals (Lev. 1-3), Sign Technician, Pavement Marking Technician, and Roadway Lighting.

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 - Email this completed Form to Jeff Young, MI Section Cert. Chairman at youngj@wcroads.org