

GRANT REGISTRATION FORM



ATSSA • ROADWAY SAFETY TRAINING INSTITUTE

NAME _____ COMPANY _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

TELEPHONE _____ FAX _____ EMAIL _____

CURRENT ATSSA MEMBER? YES NO TITLE _____

COURSE NAME

Please indicate course selection	Federal Agency	Public Agency	Other	TOTAL \$
<input type="checkbox"/> TRAFFIC CONTROL TECHNICIAN-GRANT (TCT)	\$0	\$25	\$50	
<input type="checkbox"/> TRAFFIC CONTROL SUPERVISOR-GRANT (TCS) * (TCT is pre-requisite)	\$0	\$25	\$50	
<input type="checkbox"/> FLAGGER INSTRUCTOR TRAINING-GRANT (FIT) * (TCT & TCS are pre-requisites)	\$0	\$25	\$50	
<input type="checkbox"/> INCIDENT TRAFFIC CONTROL FOR RESPONDERS-GRANT	\$0	\$25	\$50	
<input type="checkbox"/> LAW ENFORCEMENT PERSONNEL IN WORK ZONES-GRANT (LEC)	\$0	\$25	\$50	
<input type="checkbox"/> NIGHTTIME WORK ZONES-GRANT (NWZ)	\$0	\$25	\$50	
<input type="checkbox"/> TRAFFIC CONTROL FOR UTILITIES-GRANT	\$0	\$25	\$50	
<input type="checkbox"/> TRAFFIC CONTROL FOR TREE CREWS-GRANT	\$0	\$25	\$50	
<input type="checkbox"/> FLORIDA INTERMEDIATE-GRANT	\$0	\$25	\$50	
<input type="checkbox"/> FLORIDA RESTRICTED ACTIVITIES-GRANT	\$0	\$25	\$50	
<input type="checkbox"/> FLORIDA ADVANCED-GRANT****	\$0	\$25	\$50	

****I have at least one year (2,000) hours of work zone experience

DATE: _____ SIGNATURE: _____

DATE(S): _____ COURSE(S) # _____ LOCATION(S): _____

CONTINUING EDUCATION UNITS

Please check which credits you are applying for:

<input type="checkbox"/> TRAFFIC CONTROL TECHNICIAN-GRANT (TCT) : .75	<input type="checkbox"/> NIGHTTIME WORK ZONES-GRANT (NWZ) : 0.75	CEU Fee: (per course) \$15. Members \$25. Non-Members	TOTAL \$
<input type="checkbox"/> TRAFFIC CONTROL SUPERVISOR-GRANT (TCS) : 1.55	<input type="checkbox"/> TRAFFIC CONTROL FOR UTILITIES-GRANT : 0.75		
<input type="checkbox"/> FLAGGER INSTRUCTOR TRAINING-GRANT (FIT) : 1.50	<input type="checkbox"/> TRAFFIC CONTROL FOR TREE CREWS-GRANT : 0.75		
<input type="checkbox"/> EMERGENCY TRAFFIC CONTROL-GRANT (ETC) : 0.75	<input type="checkbox"/> FLORIDA INTERMEDIATE-GRANT : 1.55		
<input type="checkbox"/> LAW ENFORCEMENT PERSONNEL IN WORK ZONES-GRANT : 0.75	<input type="checkbox"/> FLORIDA RESTRICTED ACTIVITIES-GRANT : .75		
	<input type="checkbox"/> FLORIDA ADVANCED-GRANT : 1.875		

PAYMENT METHOD

CHECK ENCLOSED* PURCHASE ORDER # _____

*Checks made payable to ATSSA For government agencies only. Must include signed and dated P.O. with registration form.

VISA MC AMEX DISCOVER CREDIT CARD # _____

AUTHORIZED SIGNATURE _____ EXPIRATION DATE: _____

FINAL TOTAL
\$



Mail or fax this form to ATSSA:

American Traffic Safety Services Association
 15 Riverside Parkway, Suite 100 • Fredericksburg, VA 22406
 Telephone (540) 368-1711 • Fax (540) 368-1722

Has your name or address changed in the past 5 years? If so, please indicate previous name or address. _____

Cancellations will be charged the full amount for the course. Completion of this form indicates registrant agrees to pay collection fees in the event of non-payment. All courses are tentatively scheduled until the required minimum number of registrations is received. ATSSA is not responsible for any travel expenses and recommends that you contact ATSSA before making any travel arrangements.