Work Zone Traffic Control Training Instructor Application

The Virginia Department of Transportation has established formal training requirements for personnel involved in the design, inspection, maintenance, construction and oversight of transportation projects in Virginia. The requirement meets the FHWA Final Rule on Work Zone Safety and Mobility and involves the training of personnel based on their job duties and responsibilities related to work zone traffic control.

The training program is designed to provide maximum flexibility for the Department and the transportation industry to meet the requirements by allowing qualified individuals to serve as instructors for the program’s three classes.

To become a VDOT authorized and approved trainer, the following qualifications must be met for each respective class:

**Basic Course** – Completion of the VDOT WZTC Intermediate or Advanced course or completion of the American Traffic Safety Services Association (ATSSA) Virginia Intermediate/Traffic Control Supervisor (TCS) course; VDOT or ATSSA flagger certification; completion of VDOT’s Basic Instructor Course (BIC) for perspective VDOT trainers or two years of documented experience in conducting training courses; and two years of practical experience in Highway Design; Construction; Maintenance; or Traffic Operations.

**Intermediate Course** – ATSSA Virginia Intermediate TCS certification; VDOT or ATSSA flagger certification; completion of VDOT’s BIC for perspective VDOT trainers or two years of documented experience in conducting training courses; and two years of practical experience in Highway Design; Construction; Maintenance; Utilities or Traffic Operations.

**Advanced Course** – Completion of the ATSSA Virginia Advanced Traffic Control Design Specialist (TCDS) course and TCDS certification or ATSSA Virginia Intermediate TCS certification; VDOT or ATSSA flagger certification; completion of VDOT’s BIC for perspective VDOT trainers or two years of documented experience in conducting training courses; and two years of practical experience in Highway Design; Construction; Maintenance; Utilities or Traffic Operations.

An approved course and instructor listing will be posted on the VDOT WZS Training web site. Providers of training are required to submit a schedule listing date, time, location, and category of training a minimum of 90 days in advanced for VDOT personnel, or 4 weeks for a closed class and 8 weeks for an open class (unless approved by the WZSTC chairman). Any training course may be monitored by the WZSTC members or their representatives.
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(Please type or print legibly)

Applicant Name: ____________________________________________________________

Company: __________________________________________________________________

Address: ___________________________________________________________________

_________________________________________________________________________

Telephone #: ___________________ E-Mail: ________________________________

Please check the training instructor categories you are applying for and provide the appropriate approved training or certification number and expiration date:

☐ Basic - VDOT WZTC Intermediate or ATSSA VA Intermediate/TCS #: ____________
    Expiration: __________________

☐ Intermediate - ATSSA VA Intermediate TCS Certification #: ___________________
    Expiration: __________________

☐ Advanced - ATSSA VA TCS or VA Advanced TCDS Certification #: ______________
    Expiration: ____________________

Please list your qualifications for being a Work Zone Traffic Control Instructor (attached additional pages as necessary):

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List two resource references we may contact to verify that you posses a minimum of two years of appropriate work zone experience in one or more of the following: Highway Design; Construction; Maintenance, Utilities or Traffic Operations.

Name: ___________________________ Phone #: _____________________________

Company: __________________________ E-mail: ____________________________

Name: ___________________________ Phone #: _____________________________

Company: __________________________ E-mail: ____________________________

Return the completed form via fax to: WZSTC Chairman, 804-225-4978 or electronically to David.Rush@VDOT.Virginia.gov