



# North Carolina Department of Transportation

## APPLICATION FOR WORK ZONE SUPERVISOR CERTIFICATION RENEWALS

Please <b>PRINT</b> or <b>TYPE</b> All applications must be submitted with proof of passing grade from an approved training facility.				
Last Name		Suffix	First Name	
Middle Name		Mailing Address (Street Number and Name)		
City			State	
Zip Code	Telephone number (    )			
Employer:		Supervisor's name:		Applicant's Job Title:
Mailing Address (Street Number and Name)		City	State	Zip Code
Length of Employment yrs    mos				
Business Telephone Number: (    )	Fax Number: (    )	MSC # (NCDOT only):	Email address:	
Previous Employer if you have been with current employer less than 3 years.				
Employer:		Supervisor's name:		Applicant's Job Title:
Mailing Address (Street Number and Name)		City	State	Zip Code
Length of Employment yrs    mos				
Business Telephone Number: (    )	Fax Number: (    )	MSC # (NCDOT only):	Email:	
Current Work Zone Supervisor Certification Number in North Carolina:				
Certification Number:		Date Issued:	Expiration Date:	
<p>I certify that I have given true, accurate and complete information on this form to the best of my knowledge. In the event confirmation is needed in connection with my work, I authorize educational institutions, associations, registration and licensing boards, and others to furnish whatever detail is available concerning my qualifications. I authorize investigation of all statements made in this application and understand that false information or documentation, or a failure to disclose relevant information may be grounds for rejection of my application. I have attached <b>proof of passing grade from an approved training facility</b>. I understand that I will be charged \$25 if I lose my card or need a replacement card for any other reason.</p>				
Print Name of Applicant		Signature of <b>Applicant</b> <b>(Unsigned applications will not be processed.)</b>		Date
<p>I certify that the above-signed applicant has given true, accurate and complete information on this form to the best of my knowledge. I confirm this applicant is in good standing with the company. In the event confirmation is needed in connection with the applicant's work, I have job order records, log book records, or personal knowledge that can verify the type of work and the quality of that work attested to in this application.</p>				
Print Name of Authorized Company Official <b>(Note: Signature can not be the Applicant's signature. Unsigned applications will not be processed.)</b>		Signature of <b>Authorized Company Official</b>		Date
<b>Official Use Only</b>	Cert. Approval/Denied Date / Initials:	Certification Number:	Date Certification Mailed:	



# North Carolina Department of Transportation

## Work Zone Supervisor Certification "Renewal" Application

Work Zone Supervisor Certification Renewal is granted based on the following criteria:

- 1) Completion of an approved Work Zone Supervisor refresher course.
- 2) Submission of the completed renewal application form after passing the refresher course test. Proof of applicant's passing grade must be submitted along with the form.
- 3) Review of the application by the Review Board.

Certification is good for 4 years from the date of issuance. Requirements for certification renewal can be found on the certification renewal application.

Applicant will receive a NCDOT Certification Card at no additional cost. Applicant will be charged \$25 if a card needs to be replaced.

Work performed below the level of competence demonstrated in the Work Zone Supervisor Course may result in removal of certification.

**Applications for certification may be submitted by any of the three options below. Please make sure the application is signed prior to submittal. Unsigned applications will not be processed.**

**Mail:**

NCDOT – Work Zone Traffic Control  
Attn: Roger Garrett  
1561 Mail Service Center  
Raleigh, NC 27699-1561

**E-Mail:**

[rmgarrett@ncdot.gov](mailto:rmgarrett@ncdot.gov)

**FAX:**

(919) 771-2745