

**Registration/Application Form
NCDOT-Approved Qualified Work Zone Supervisor
Training Course**

Form Instructions: Complete both **PART 1 AND PART 2** of this registration/application form for each applicant.

PART 1: Applicant portion of this form: Applicant registration/application to be completed and signed by the applicant seeking to attend the Qualified Work Zone Supervisor course.

Applicant Name: (as listed on NCDL or NCID)

Applicant's position with company: (include a brief description of duties)

If less than 2 years, previous position: (include a brief description of duties)

(If your previous experience is not with your current employer, please list last employer contact information below)

Dates of employment with current Employer: _____

NC Drivers License or NC Identification Number:

Date and Location of Course:

Alternative Date and Location of Course:

Are you a NCDOT Qualified Flagger? _____

Date of your NCDOT Flagger qualification? _____

I certify that the information contained on this form is correct and complete. I authorize Kellenberger Engineering (KBE) to contact my Employer to confirm my work experience. In the event that I have less than 2 years experience with my current Employer, I authorize KBE to contact my previous Employer listed below. I also understand that this is a 2 day course and that I must attend the entire course, take and pass a test with a score of 70 or better and that I need at least 2 years of relevant work experience verified by my employer(s).

Signature

Date

Printed Name

Title

Previous Employer: (complete this section if less than 2 years work history with current employer)

Company Name:

Company Address:

City/State/Zip:

Dates of Employment: _____ Title: _____

Brief description of duties:

Company contact: _____ Phone _____

Company contact Email: _____

For questions please e-mail: Lesley Castle at lesleycastle@kbeeng.com or call 919-833-1821

PART 2: Company Portion of this form: Employer information to be completed and signed by an authorized company representative.

Company Name:

Company Address:

City/State/Zip:

Company Representative: _____ Title: _____

Company contact: Phone _____ Email: _____

I certify that I am authorized to sign this form on behalf of my company and that the information contained on Part 1 and Part 2 of this form is correct and complete and that _____ agrees to the terms and conditions listed below: (company name above)

Signature

Date

Printed Name

Title

Please send completed forms to:

North Carolina Department of Transportation
Business Opportunity & Workforce Development