## VIRGINIA RURAL WATER ASSOCIATION PRESENTS

## VDOT Intermediate Work Zone Safety / Traffic Control

(12.0 CPE's for Water / Wastewater / PE)

Thursday & Friday February 6&7, 2025 Location:	<ul> <li>Description: This course is for individuals with the following responsibilities:</li> <li>Inspection of the placement or operational function of work zone traffic control devices</li> <li>Maintenance of construction supervisory responsibilities</li> <li>Maintenance of traffic coordinators on construction projects</li> <li>Traffic engineering work zone safety coordinators</li> <li>Regional Safety Engineers</li> <li>Traffic Control Supervisors</li> <li>Personnel with the responsibility for the development of work zone safety policies and procedures.</li> </ul>			
Wytheville Meeting Center	PRE-REGISTRATION IS REQUIRED Class size limited to 30			
333 Community Blvd. Wytheville, VA 24382	Instructor: Tracy Puckett (Executive Director of Lee Co. PSA)			
<b>Registration Required</b>	<b>Class Times:</b> Thursday (6th) 8:00 AM – 5:00 PM Friday (7th) 8:00 AM - 12:00 PM			
•	Lunch: 1 Hour on Your Own			
VRWA	Cost: \$325 (VRWA members) \$375 (non-members) *Cost includes manuals, pocket guides and certification test			
Quality On Tap! 2138 Sycamore Avenue Buena Vista, VA 24416 Phone: 540-261-7178 Fax: 540-261-2465 On the web: www.vrwa.org	To Register: The preferred method for registration is online at the VRWA web- site (www.vrwa.org). If an attendee does not have internet access, he or she may complete the registration form on the back of this page and fax it to the VRWA office at 540-261-2465. For answers to questions regarding the registration process, please call the VRWA office at 540-261-7178. Registration Deadline: January 29, 2025			

## VDOT Intermediate Work Zone Safety / Traffic Control

## **Class Registration Form**

VDOT Intermediate Work Zone Safety/Traffic Control-12 CPE's-Wytheville, VA-February 6&7, 2025

Name (as it appears on your license)	)			
(				
System/Organization				
Mailing Address				
Phone:	Fax:			
E-mail Address (required):				
Total Amount Due: \$	Check Enclosed	□ Visa	□ Master Card	
Name (as it appears on your card): _				
Credit Card Number:			Exp. Date:/	
3-digit CSV security code:	City/State:		Zip:	
Email Address for Receipt:				
Please make all checks out to VRWA	A and mail to: VRWA, 21	.38 Sycamor	e Avenue, Buena Vista, VA	24416
<b>Cancellation Policy:</b> Full refund less or to date of class. No refunds will b are permitted. In the event that the If	be given for cancellation e class is cancelled by VR F paying by check please Virginia Rural Wa 2138 Sycamo Buena Vista, (540) 261-2	s with less th WA due to lo make all che ter Associatio re Avenue VA 24416 L-7178	an 10 days' notice, substitu ow enrollment, a full refund cks out to	itions, however,