



# Michigan Section

## INTERNATIONAL MUNICIPAL SIGNAL ASSOCIATION

*The Leading International Resource for  
Information, Education and Certification for Public Safety*



### Certification Work Verification Form

Date: \_\_\_\_\_

Rev 041510

Agency/Company: \_\_\_\_\_

Address: \_\_\_\_\_

Employee/Registrant: (please print legibly) \_\_\_\_\_

Briefly describe your work experience during the previous \_\_\_\_\_ year(s). (Use back, if needed) \_\_\_\_\_

Employee/Registrant: (Please sign) \_\_\_\_\_

All courses are open to anyone, regardless of work experience. Only those individuals that pass the certification exam and have the work experience and/or prerequisite certifications will receive IMSA certificates. Retroactive certificates will be issued if:

1. Prerequisite certification(s) are met.
2. Work Experience Verification Form is submitted and verified not later than one, two, three or five years respectively from the certification exam date.

#### **CHECK APPROPRIATE BOX(ES) FOR COURSE REGISTRATION OR REQUEST FOR RETROACTIVE CERTIFICATION FROM A PREVIOUS COURSE.**

<input type="checkbox"/> Michigan Temporary Traffic Control	1 year Traffic Control Experience (incl. Tfc. Regulating)
<input type="checkbox"/> Traffic Signals, Lev. 1	1 Year Traffic Signal Work Experience & MTTC
<input type="checkbox"/> Traffic Signals, Lev. 2	2 Years Traffic Signal Work Experience & T/S, Lev.1
<input type="checkbox"/> Traffic Signals, Lev. 3	5 Years Traffic Signal Work Experience & T/S, Lev.2
<input type="checkbox"/> Signs & Markings, Lev. 1	1 Year Signs & Markings Experience and MTTC
<input type="checkbox"/> Signs & Markings, Lev. 2	2 years Signs & Markings Experience and S&M, Lev.1
<input type="checkbox"/> Signs & Markings, Lev. 3	5 Years Signs & Markings Experience and S&M, Lev.2
<input type="checkbox"/> Roadway Lighting, Lev. 1	1 Year Roadway Lighting Experience and MTTC
<input type="checkbox"/> Roadway Lighting, Lev. 2	2 Years Roadway Lighting Experience and MTTC

Supervisor/Job Title: (print legibly) \_\_\_\_\_

I verify that (please print) \_\_\_\_\_ has \_\_\_\_\_ required number of year(s) work experience and has successfully completed all IMSA prerequisite certifications.

*This form, with the supervisor's signature will be considered verification of course prerequisites.*

Supervisor Signature: \_\_\_\_\_

Supervisor Ph: \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

I prefer to be reached by telephone. The best time is \_\_\_\_\_. [ ] I prefer to be reached by email.

**Course Reservation** - Fax this Form with your Registration Form to the fax number shown on the course registration.

**Retroactive Certification** Fax this completed Form to Bill moroski, MI Section Cert. Chairman at 248 628-3458 (call first)