



Michigan Section

INTERNATIONAL MUNICIPAL SIGNAL ASSOCIATION
*The Leading International Resource for
Information, Education and Certification for Public Safety*



2011 IMSA Certification Course Request / Reservation Form

FAX to 248 473-0730 Attn: P. Burgess

Agency _____

Agency Contact _____

Phone _____ Email _____

Payment will be: Mailed [] Hand Carried to Class [] Need invoice []
Preferred method of contact? Email [] Phone []

IMSA Certification Training – Course Reservation Request

Course: _____

Location: _____

Start Date: _____ End Date: _____

Published Cost: _____

Participants Name _____

Phone _____ Email _____

Preferred method of contact? Phone [] Email []

- Each reservation request *must* include a **Work Experience Verification Form** for that individual.
- One person per reservation form.
- Make check payable to: Michigan Section, IMSA and mail to P. Burgess, c/o Carrier & Gable, 24110 Research Drive, Farmington Hills, MI 48335.
- All study guides must be ordered 30 days in advance of the course directly from the International office at 800 723-4672. Study guide cost is not included in the class cost.
- For classes conducted at the Road Commission for Oakland County, is 2420 Pontiac Lake Road, Waterford, MI 48328. Moderator: Mr. Bill Jackson (248 858-4826)

No manuals will be available when the course is conducted.

Visit our website at www.lmsaMichigan.org or contact Pam Burgess at 248-477-8700 with questions.



Michigan Section

INTERNATIONAL MUNICIPAL SIGNAL ASSOCIATION



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

Certification Work Verification Form

Fax to Pam Burgess @ 248 473-0730

Date: _____

Rev 030211

Agency: _____

Address: _____

Registrant: _____

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

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 Yr. Traffic Control Exp. including Tfc. Regulating
<input type="checkbox"/> Traffic Signals, Lev. 1	1 Yr. Traffic Signal Work Experience & MTTC
<input type="checkbox"/> Traffic Signals, Lev. 2 - Field	2 Yrs. Traffic Signal Work Experience & T/S, Lev.1
<input type="checkbox"/> Traffic Signals, Lev. 2 - Bench	2 Yrs. Traffic Signal Work Experience & T/S, Lev.1
<input type="checkbox"/> Traffic Signals, Lev. 2 - Design/Engineering	2 Yrs. Traffic Signal Work Experience & T/S, Lev.1
<input type="checkbox"/> Traffic Signals, Lev. 2 - Construction	2 Yrs. Traffic Signal Work Experience & T/S, Lev.1
<input type="checkbox"/> Traffic Signals, Lev. 3	5 Yrs. Traffic Signal Work Experience & T/S, Lev.2
<input type="checkbox"/> Signs & Markings, Lev. 1	1 Yr. Signs & Markings Experience and MTTC
<input type="checkbox"/> Signs & Markings, Lev. 2	2 Yrs. Signs & Markings Experience and S&M, Lev.1
<input type="checkbox"/> Signs & Markings, Lev. 3	5 Yrs. Signs & Markings Experience and S&M, Lev.2
<input type="checkbox"/> Roadway Lighting, Lev. 1	1 Yr. Roadway Lighting Experience and MTTC
<input type="checkbox"/> Roadway Lighting, Lev. 2	2 Yrs. 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)