



STATE OF ALASKA  
DEPARTMENT OF TRANSPORTATION AND PUBLIC  
FACILITIES

**DESIGNATION OF WORKSITE TRAFFIC SUPERVISOR**

Project Name: \_\_\_\_\_

I, (Contractor's responsible corporate officer or Project Superintendent) hereby designate (Worksite Traffic Supervisor's name) to be the Worksite Traffic Supervisor, **WTS**, assigned to (Project Name) at (Project Location(s)). **The WTS 24-hour contact phone number is (24-Hr. Phone #)**. By signing this certification, I confirm that the designee is qualified and capable of conducting temporary traffic control on the above named project safely and in conformance with approved Traffic Control Plans and the **Alaska Traffic Manual**. The designee has the authority to perform the duties and responsibilities as described in **Standard Specifications for Highway Construction (SSHC) Section 643-1.04**.

The Worksite Traffic Supervisor is certified (**attach** copy of certification) as:

- Traffic Control Supervisor, American Traffic Safety Services Association (ATSSA)
- Work Zone Safety Specialist, International Municipal Signal Association (IMSA)
- Work Zone Temporary Traffic Control Technician, International Municipal Signal Association (IMSA)**

The following lists employment history (**see minimum experience required by SSHC Section 643-1.04**) that provides the experience to perform the duties and tasks required for this project.

<i>(Job Title)</i>	<i>(Project Name)</i>	<i>(Duties)</i>
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I certify that the information above was reviewed by me and, to the best of my knowledge and belief, is true and accurate.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_