



STATE OF ALASKA
DEPARTMENT OF TRANSPORTATION AND PUBLIC FACILITIES

DESIGNATION OF WORKSITE TRAFFIC SUPERVISOR

Project Name:

Project No.:

I, _____ hereby designate _____ to be the Worksite Traffic Supervisor, WTS, assigned to this project at _____. The WTS 24-hour contact phone number is _____. The designee has the authority to perform the duties and responsibilities as described in Section 643 of the contract.

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

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

Job Title	Project Name	Duties

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. 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: