

4. List all work experience applicable to the certification for which you are applying. **ATTACH A RESUME** describing the scope and duties of each (see instructions). Attach additional sheet(s) if necessary.

DATES OF SERVICE (FROM - TO)	TITLE OF POSITION, CITY, STATE/COUNTRY	ORGANIZATION AND SUPERVISOR	YEARS OF TRAFFIC OPERATION EXPERIENCE

5. List all professional, scientific and honorary organizations of which you are a member. (See instructions.) Attach additional sheet(s) if necessary.

NAME OR ORGANIZATION

GRADE OF MEMBERSHIP

DATE JOINED

A _____

B _____

C _____

D _____

- 6.** Check here if you request reasonable testing accommodations because of a disability. (See instructions.)
- 7.** Check here if you request an alternate test date because the above date conflicts with a Sabbath that you observe. (See instructions.)
- 8.** Please attach a check for the required fees (see instructions) or provide the following information for payment by credit card:
- MasterCard Visa American Express

_____ / _____ / _____

NAME AS IT APPEARS ON CARD CARD NUMBER EXPIRATION DATE

\$ _____ / _____ / _____

AMOUNT SIGNATURE DATE

9. STATEMENT OF OBLIGATION

I hereby accept the terms and provisions of the Transportation Professional Certification Board's policies and procedures for this certification as described in the attached instructions. I agree that in the event that application or examination papers are lost or a scheduled examination is not held for any reason, any claim I may have will be limited to the fees paid by me.

I declare and affirm that I have read the instructions accompanying this application and understand all of the requirements for certification contained therein, including the definition of activities that qualify as experience.

I further declare and affirm that all of the information contained in this application and attachments is true and complete and that the claims of

SIGNATURE

DATE

10. Please sign and date this statement.

INSTRUCTIONS FOR APPLYING FOR CERTIFICATION

*Carefully read all of the directions before completing the application.
Applications must be typed or legibly printed in ink.
Required documents must be enclosed as part of the application.*

- 1** Check the TPCB Web site, www.tpcb.org, for up-to-date information and exam schedules. Check this box and enter the examination of your choice.
- 2** Enter your name as you would like it to appear on your certificate. A middle name or initial is not required. Enter birth date in the format: "Jan. 1, 1999." A driver's license number or other photo identification number is required for entrance to examination. Postal code may be omitted if not applicable.
- 3** If the issuing institution is not identifiable by name alone, please include the location. A master's or doctor's degree may be substituted for one or two years of prelicensed experience, respectively, if awarded for study in the traffic operations area at an accredited institution. If you wish an academic degree to be substituted for experience, please attach a description of the education program or a transcript of courses underlying the degree.
- 4** The Certification Board has adopted the following definition: "*The Traffic Operations Practitioner Specialist or Traffic Signal Operations Specialist is a person who applies a comprehensive knowledge of technology and scientific principles acquired through study and experience to supervision of the day-to-day operations of traffic systems, including the analysis of those operations, detection of problems and deficiencies, setting of priorities, assignment of resources and development of improvements in operations through geometric design, traffic control, or other means. The individual may carry out some but not all of the above duties, or serve as a consultant to individuals with the above responsibilities.*"

It is important to follow this definition in describing duties in the required attached resume and in determining the "years of traffic operations experience" for each assignment. Many important professional activities (teaching, pavement design, theoretical research, system planning, etc.) are outside this definition. Many assignments for engineering employees and/or consultants may involve both traffic operations and nontraffic operations components. You should analyze the professional activities involved in each of your reported assignments and estimate an equivalent time for that portion of the assignment devoted to traffic operations engineering. Supervision of traffic operations employees, including time spent on associated administrative functions, is considered to be the practice of traffic operations and nontraffic operations responsibilities should be prorated on a supportable basis.

Enter the engagement from/to dates in the format 1/98-2/99 and the amount of applicable traffic operations experience in 1/10 year increments. Four years of traffic operations experience or advanced education is required for certification.
- 5** List the requested information. If the organization name is not adequate identification, please include a location.
- 6** The TPCB will provide facilities fully meeting ADA requirements, similar to those provided to you at your professional school. A request for reasonable testing accommodation must be accompanied by a certification by your health-care provider of reasonable required accommodations.
- 7** The TPCB will provide an alternate test date if the examination falls on a Sabbath that you observe. Your request for an alternate test date must be accompanied by a letter of confirmation from your clergy.
- 8** Fees are as follows:
Application and examination fee (nonrefundable)\$150
Three year certification fee (will be refunded to unsuccessful candidates)\$150
Payment of \$300 must accompany application. Please make check payable to TPCB Inc. Certification fee will be refunded if you do not meet the TOPS/TSOS requirements.
- 9** The statement of obligation is an important part of this application. You should read and understand that it limits certain rights to damages and requires you to certify that the information you supply is based on these instructions and is accurate and complete. It also affirms that you have not had professional license, membership, or employment suspended or terminated for unethical or illegal actions. Please contact staff if you have any questions.
- 10** You must sign and date your application.

Note: *For exam preparation information, please visit the TPCB Web site at www.tpcb.org.*