
TRAFFIC SIGNAL OPERATIONS SPECIALIST™ (TSOS)
CERTIFICATION APPLICATION

Please return this completed form to: Transportation Professional Certification Board Inc.™ (TPCB)
1627 I ("Eye") St., NW, Suite 600 • Washington, DC 20006 USA
Tel: 202-785-0060 Fax: 202-785-0609 Email: certification@ite.org
Please type or print in black ink all of the following information.

1. Enter date and location of the examination you wish to take:

DATE	LOCATION	CITY	STATE/PROVINCE	COUNTRY
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This completed application **MUST** be received at least 30 days prior to the selected examination date.
A current listing of examination dates and locations can be found at www.tpcb.org/examschedule.asp.

2. Enter the following personal information (see instructions).

FIRST NAME	MIDDLE NAME OR INITIAL	LAST NAME
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JOB TITLE	EMPLOYER
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HOME BUSINESS PREFERRED MAILING ADDRESS STREET

CITY	STATE/PROVINCE	POSTAL CODE	COUNTRY
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DATE OF BIRTH	DRIVER'S LICENSE NUMBER OR OTHER PHOTO IDENTIFICATION NUMBER	TYPE OF ID
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(TO BE USED FOR ENTRANCE TO EXAM)

TELEPHONE NUMBERS	WORK	HOME	FAX	E-MAIL ADDRESS
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3. List all academic degrees you hold (see instructions). Attach additional sheet(s) if needed.

INSTITUTION	FIELD OF STUDY	DEGREE	DATE ISSUED
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- A** _____
- B** _____
- C** _____
- D** _____

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/PROVINCE, 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 Inc.'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 experience are accurate.

SIGNATURE

DATE

10. Please sign and date this statement.