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|  | STATE OF ALASKA  DEPARTMENT OF TRANSPORTATION AND PUBLIC FACILITIES |
| **DESIGNATION OF WORKSITE TRAFFIC SUPERVISOR**  Project Name**:** *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 Section 643 of the contract.  The Worksite Traffic Supervisor is certified (attach copy of certification) as:  *Certifying Organization & Certification Title*  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)* | | *(Job Title)* | *(Project Name)* | *(Duties)* | | *(Job Title)* | *(Project Name)* | *(Duties)* | | *(Job Title)* | *(Project Name)* | *(Duties)* | | *(Job Title)* | *(Project Name)* | *(Duties)* | | *(Job Title)* | *(Project Name)* | *(Duties)* | | *(Job Title)* | *(Project Name)* | *(Duties)* | | *(Job Title)* | *(Project Name)* | *(Duties)* |   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 | |