



Makeup Exam Request Form

American Traffic Safety Services Association (ATSSA)

Course Selection

- | | |
|---|---|
| <input type="checkbox"/> Traffic Control Technician (TCT) | <input type="checkbox"/> Guardrail Installation Technician (GIT) |
| <input type="checkbox"/> Traffic Control Supervisor (TCS) | <input type="checkbox"/> Pavement Marking Technician (PMT) |
| <input type="checkbox"/> Traffic Control Design Specialist (TCDS) | <input type="checkbox"/> Operation & Application of Truck-Mounted Attenuators (TMA) |

If this is a state specific exam, please provide the state: _____

Most state-specific exams are available. Please note that some states do not allow makeup exam.

Proctored Makeup Exam Options

- ☐ **Take Exam at an ATSSA Course** – Fees: \$50 ATSSA members, \$60 non-members
Course Location: _____ Date: _____
 - Classroom courses only. You must be present for the exam on the last day of the course. For a course schedule, please call ATSSA.
 - ATSSA must receive this completed form within 10 working days of your scheduled exam date to guarantee that your exam reaches the intended destination in a timely manner.
- ☐ **Take Exam Online*** – Fees: \$50 ATSSA members, \$60 non-members
You must provide a current email address to receive an exam link. Most state-specific exams are available.
- ☐ **Take Exam on Your Own (Paper Format)*** – Fees: \$100 ATSSA members, \$125 non-members
Exam Date: _____
 - ATSSA must receive this completed form within 10 working days of your scheduled exam date to guarantee that your exam reaches the intended destination in a timely manner.
 - Exam results will be provided within one week of receiving the completed makeup exam.

*For options 2 and 3, it is your responsibility to obtain a proctor. The proctor may be:

- a professional educator (teacher, principal, etc.) with current teaching credentials;
- an HR manager, training staff, or similar;
- a public official at the department head level; or
- a city, county or state staff person.

The proctor cannot be a person with whom you have a direct working relationship.

Proctor Information (All fields are required. Incomplete forms will be returned.)

Proctor Name: _____ Title: _____
Company/Agency/School: _____
Shipping Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Email: _____
Proctor Signature: _____

Student Information (All fields are required. Incomplete forms will be returned.)

Name: _____ Title: _____
Company/Agency: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

Payment Method

☐ Government Purchase Order (copy of PO required at time of registration) PO# _____
☐ Check/Money Order (payable to ATSSA) Credit Card: ☐ Visa ☐ MC ☐ AMEX ☐ Discover
Card Number: _____ Exp. Date (MM/YY): _____ CVV _____
Card Billing Address: _____ Billing Zip: _____
Cardholder's Name and Signature: _____

Submit Form

To mail with check, send to:

American Traffic Safety Services Association, Inc.
P.O. Box 825479, Philadelphia, PA 19182-5479

To mail with credit card information, send to:

ATSSA, Attn: Customer Service
15 Riverside Parkway, Fredericksburg, VA 22406-1077

Email: customerservice@atssa.com

Fax: 540-368-1717

SUBMIT FORM