



525 North Main Street  
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**JMTE Academy**  
**NCDOT Approved Work Zone Supervisor Training Course**  
**2019 Registration/Application Form**

**Form Instructions:** Complete both **PART 1 AND PART 2** of this registration/application form for **EACH APPLICANT**.

**PART 1: APPLICANT PORTION**

***Applicant registration/application must be completed and signed by the applicant seeking to attend the Qualified Work Zone Supervisor course.***

Applicant Information (as listed on Driver's License or ID card) -

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_, Driver's License or ID # **WITH STATE:** \_\_\_\_\_

Date and Location of Course you wish to attend: \_\_\_\_\_

**IMPORTANT:** Describe in detail all the duties you have ever performed while working inside the highway right of way for any employer. **PLEASE INCLUDE DATES (month and year)** along with your experience and any traffic control devices you have used. (use extra sheets if needed):

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I certify that the information contained on this form is correct and complete. I authorize J.M. Teague Engineering & Planning (JMTE) to contact my current Employer to confirm my work experience. If I have less than 2 years' experience with my current Employer, I authorize JMTE to contact my previous Employer listed below. I also understand that this is a 2-day course and that I must attend the entire course, take, and pass a test with a score of **80% or better**, and that I need at least 2 years of relevant work experience verified by my employer(s).

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Student

\_\_\_\_\_  
Job Title or Description

**PART 2: COMPANY PORTION**

***Employer information must be completed and signed by an authorized company representative.***

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Company Representative (name) \_\_\_\_\_ (applicant's job title) \_\_\_\_\_

Company contact: (phone) \_\_\_\_\_ (email) \_\_\_\_\_

I certify that I am authorized to sign this form on behalf of my company and that the information contained on Part 1 and Part 2 of this form is correct and complete and that (company name) \_\_\_\_\_ agrees to the terms and conditions listed in the Policies document provided to the Company:

\_\_\_\_\_  
Signature of Company Representative/ Supervisor Date

\_\_\_\_\_  
Printed Name of Company Representative/Supervisor Job Title

***If less than 2 years' work history with current employer, the Student will complete the section below:***

Previous Employer Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Dates of Employment (from/to): \_\_\_\_\_ (applicant's job title) \_\_\_\_\_

Company Representative (name/job title) \_\_\_\_\_

Company Contact: (phone) \_\_\_\_\_ (email) \_\_\_\_\_

For questions contact: Tim Hyatt at tim@jmteagueengineering.com or call 828-456-8383.

Please review the registration and application form for completeness. If complete, mail the original registration / application Parts 1 and 2 and a check for **\$385.00** for each Qualified Work Zone Supervisor applicant to the address below. You may call Tim Hyatt or Denise Teague at the number below for other payment options.

J.M. Teague Engineering & Planning  
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**This registration / application form AND payment must be received prior to the beginning of class.**