

# --TRAFFIC-- SAFETY SUPPLIES, INC.--



## Training and Certification Course Registration Form



COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: OFFICE \_\_\_\_\_ CELL \_\_\_\_\_

FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Please check the appropriate course you are registering for:

- \_\_\_\_\_ ATSSA FLAGGER COURSE
- \_\_\_\_\_ VDOT WORK ZONE BASIC COURSE
- \_\_\_\_\_ VDOT WORK ZONE INTERMEDIATE COURSE
- \_\_\_\_\_ NSC CPR/FIRST AID COURSE

REGISTER BY NAME AND DATE:	
NAME: _____	COURSE DATE: _____
NAME: _____	COURSE DATE: _____
NAME: _____	COURSE DATE: _____
NAME: _____	COURSE DATE: _____
NAME: _____	COURSE DATE: _____
NAME: _____	COURSE DATE: _____
NAME: _____	COURSE DATE: _____
NAME: _____	COURSE DATE: _____
NAME: _____	COURSE DATE: _____

Charge My Credit Card     Check Enclosed    Total Amount Due \$ \_\_\_\_\_

Credit Card Type (Circle) Visa/MC/AMEX/Discover: Number: \_\_\_\_\_

Expiration: \_\_\_\_\_ Security Code: \_\_\_\_\_ Billing Zip Code: \_\_\_\_\_

*\*Must register at least 7 days prior to course date.*

**Remit Form and Check To:** Traffic Safety Supplies, Inc., 5313 Ritchie Road, Bealeton, Virginia 22712

Email Form With Credit Card Information To: [info@tssincva.com](mailto:info@tssincva.com)

P: (703) 753-7446 F: (703) 753-7905

[www.tssincva.com/traffic-control](http://www.tssincva.com/traffic-control)