

Please fill out and send to:  
dot\_hq\_tecs@state.co.us

Questions? Contact Kimberley  
Richardson: (303)757-9497

## Transportation Erosion Control Supervisor (TECS)

### Class 1 Registration Form

Full Name (Last, MI, First):

Mailing Address (Street or PO Box):

Mailing Address Line 2:

City:  State:  Zip Code:

Email Address (Certification will be sent here):

Office Phone:  Cell Phone:

Employer:  Position:

Do you currently work on a CDOT Project as an ECS?  If yes, what is the Sub Account #?

Are you a Corrective Action Response Log (CARL) user?  If yes, what is your username?

Have you ever worked as an ECS on a CDOT project?  If yes, how many months total?

Do you currently hold an old ECS Certification?  If yes, what is the date on card?

Are you currently a CDOT employee?  If yes, what is your SAP #?

Do have any special needs for this class?  If yes, how can we assist?

Class location and date:

Alternative class location and date:

#### **Cancellation Policy**

**If one is unable to make the confirmed class; each student will be given a one time opportunity to notify the TECS Coordinator within 72 hours of the class without penalty. If one cancels outside of the 72 hour window or has previously withdrew from a class, then the student will not be able to sign up for the TECS Certification until 6/15/16 where fees may be applicable. This policy also applies to students that miss over 15 minutes or leave early.**

**PLEASE INITIAL STATING THAT YOU UNDERSTAND THIS POLICY \_\_\_\_\_**