

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:

**For office only: Please do not write in this field.**

Student Identification #:

Class location:  Class Date:

Registration confirmed?:  Date ticket sent via email?:

Date entered into SAP?: