

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 2 Registration Form

Full Name (Last, MI, First):

Mailing Address (Street or PO Box):

ID Number Received:

City: State: Zip Code:

Email Address (Certification will be sent here):

Office Phone: Cell Phone:

Employer: Position:

First Choice Date:

Alternative date:

Alternative date:

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

Student Identification #:

PPE Requirements? Class Date:

Signed Waiver? Certification Sent?

Date entered into SAP?: Ticket Sent:

Print Form