

CDOT Flagger Training Entity Certification Application



COLORADO
Department of Transportation

This application is for certification and recertification for entities participating in the **Colorado Department of Transportation (CDOT) Flagger Training Program**. The information required by CDOT and provided by the entity will determine the applicant's eligibility for certification (initial application) or recertification (every subsequent annual application) as a CDOT Certified Flagger Training Entity, hereafter referred to as entity. Entity applicants shall meet all Flagger Program requirements and terms and conditions as defined by CDOT. CDOT's approval of this application is required before an entity may administer flagger training and issue flagger certifications. Entities must complete and submit the most current versions of the following documents and required supplemental documentation: **1) CDOT Flagger Training Entity Certification Application, 2) CDOT Flagger Training Entity Terms and Conditions, 3) CDOT Flagger Instructor Agreement/s** (one required for each entity Flagger Instructor). These documents must be completed, signed, and submitted electronically in PDF format, or completed physical documents may be dropped off or mailed to the CDOT Flagger Program at 2829 West Howard Place, Denver, CO 80204.

Entity Applicant Information

Entity Name: _____ **Date of Application:** _____

Entity Type (mark one box below)

- | | | |
|---|---|---|
| <input type="checkbox"/> Private/Small Business | <input type="checkbox"/> Non-Profit | <input type="checkbox"/> School |
| <input type="checkbox"/> Government | <input type="checkbox"/> Workforce | <input type="checkbox"/> Law Enforcement |
| <input type="checkbox"/> Temporary Employment Agency | <input type="checkbox"/> Corrections | <input type="checkbox"/> Other: |

Can your Entity provide flagger training and certification to non-employees? ☐ **Yes** ☐ **No**

Entity EIN, FEIN, or Secretary of State ID #: _____

Mailing Address:

Street	Suite/Unit #		
City	State	Zip Code	

Physical Address:

(if different from
mailing address)

Street	Suite/Unit #		
City	State	Zip Code	

Phone: _____ **Email:** _____

Entity Designated Contact

Name: _____ **Phone:** _____

Title: _____ **Email:** _____

CDOT Flagger Program
2829 West Howard Place
Denver, CO 80204

303-757-9664
dot_cdoflagger@state.co.us
<https://www.codot.gov/safety/traffic-safety/traffic-operations-technology/flagger-program/main>

Entity Flagger Training Locations

List all the physical location(s) that your entity utilizes for flagger training.

Training Address:

Street	Suite/Unit #	
City	State	Zip Code

Training Address:

Street	Suite/Unit #	
City	State	Zip Code

Training Address:

Street	Suite/Unit #	
City	State	Zip Code

Training Address:

Street	Suite/Unit #	
City	State	Zip Code

Training Address:

Street	Suite/Unit #	
City	State	Zip Code

Training Address:

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City	State	Zip Code

Training Address:

Street	Suite/Unit #	
City	State	Zip Code

Training Address:

Street	Suite/Unit #	
City	State	Zip Code

Use additional pages if necessary.

Entity Affidavit

The entity representative (i.e., owner, manager, designated contact, etc.), having legal authority for the company/agency, in the capacity of the Flagger Trainer Entity as certified by CDOT, shall sign this **Entity Affidavit** and accept the terms and conditions herein.

This **Entity Affidavit** shall be signed using either the Adobe Acrobat Certificates “Digitally Sign” feature or by signing a hard copy, scanning, and saving as an Adobe PDF. If neither signature option is possible, this form will need to be completed, printed, signed, and mailed to our office. Entities shall retain a copy of this agreement for their records.

Entity Name: _____

Signatory Entity Representative: _____

Signatory Representative Title: _____

Flagger Training Entity certifying and/or recertifying applicants attest to the following:

- I have read, understand, and will adhere to the CDOT Flagger Training Entity Program rules and terms and conditions as defined in this application, terms and conditions, flagger instructor agreement, required submittals, and other CDOT Flagger Program requirements as listed on the CDOT website at <https://www.codot.gov/safety/traffic-safety/traffic-operations-technology/flagger-program/main>.
- The information I have provided in this application and the required supplements is complete, accurate, and subject to verification.
- I will protect personally identifiable information (PII) of our entity, instructors, and flagger students in accordance with the U.S. General Services Administration (GSA) “Rules of Behavior for Handling Personally Identifiable Information.”
- I understand that if our entity violates any terms of this agreement, CDOT has the right to deny, suspend, or revoke our CDOT Flagger Training Entity Certification.

I AFFIRM THAT I HAVE READ AND AGREE WITH THE AFOREMENTIONED STATEMENTS.	
Signatory Entity Representative Signature	Date

FLAGGER TRAINING ENTITY APPROVAL BY CDOT	
CDOT Representative Name (Print), Signature	Date

ENTITY RECERTIFICATION DUE BY (completed by CDOT)	
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