



COLORADO
Department of Transportation

Safe and Effective use of Law Enforcement Personnel in Work Zones

Date: _____

CSP Troop Name/CPD Agency: _____

Area Patrolled: _____

Physical Address: _____

Mailing Address:
(if different than Physical address): _____

Telephone Number: _____

INSTRUCTORS TO BE ADDED ARE:

Provide the following information for each instructor who will provide training.

Name (as it appears on driver's license)	Telephone and Email Address	Signature of Proctor/Date
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_____	_____	_____
_____	_____	_____

INSTRUCTORS TO BE DELETED ARE:

Provide the following information for each instructor who is no longer providing training.

Name (as it appears on driver's license)	Reason for Deletion	Signature of Proctor/Date
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_____	_____	_____
_____	_____	_____

Superior Officer Name: _____

Superior Officer Title: _____

Superior Officer Signature: _____

Mail or email to: Colorado Department of Transportation (CDOT)
2829 W. Howard Pl. Denver, Co. 80204
4th Floor Traffic and Safety Engineering
Attn: Law Enforcement in Work Zones Dot_WZ_LawEnforcement@state.co.us