
NDOT FLAGGING CERTIFICATION

Government Agency Employee Registration Application

Date of Class

Name of Agency

Registrant Name(s)

DOB and/or Employee #

Address

City

State

Zip

Phone

Emergency Name / Phone

LTAP USE ONLY

Verification of Governmental Entity Employment and Workers Compensation Coverage

Name of Employer: _____ Employee Supervisor _____

Person Providing Verification _____ Date of Verification: _____