
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

Registrant: Please sign and date below to acknowledge the following statements:

I understand that as an employee(s) of a Governmental Entity, registrants are eligible to receive the NDOT Flagging Certification as provided by the Southern Nevada Laborers Union.

I understand that, if employment ends with the Governmental Entity named below, then Flagging Certification shall be nullified.

I understand that if all fees due for participation in the NDOT Flagging Certification course are not paid in full before the course commences, the registrant(s) will be prohibited from attending or participating in the training.

Name of Person Submitting Form

Signature

Date

LTAP USE ONLY

Verification of Governmental Entity Employment and Workers Compensation Coverage

Name of Employer: _____ Employee Supervisor _____

Person Providing Verification _____ Date of Verification: _____