



Minnesota Department of Transportation  
 Mail Stop 650  
 395 John Ireland Blvd.  
 St. Paul, MN 55155

October 1, 2011

**TRAFFIC CONTROL OVERVIEW**

The Minnesota Department of Transportation (Mn/DOT) is offering a **TRAFFIC CONTROL OVERVIEW COURSE**. This course is designed for project level engineers, supervisors and traffic engineers from Mn/DOT, Local agencies and engineering consultants. Students will be exposed to traffic control special provisions standard language and suggestions for use when writing time and traffic for highway projects. The planning and staging of both short term and long term projects will be discussed. Other subjects covered will be work zone speed limits, use of portable concrete barrier and drop off policy. Instructors - Bill Servatius, (Mn/DOT Retired) Work Zone Safety & Training Manager, Craig Mittelstadt, and Mn/DOT Work Zone Safety Specialists. **Audience:** See above. Class will begin at **8:00 a.m.** and conclude by **4:30 p.m.** **6 PDH's will be given for this course.**

Course Dates  
 February 8, 2012

Course Time  
 8:00 a.m. to 4:30 p.m.

Location  
 Mn/DOT Training & Conference Center  
 1900 West County Road I  
 Shoreview, MN 55126

The fee for this class will be **\$125.00 per person**, payable in advance to **“Commissioner of Transportation”**. Registrants are responsible for their own lodging. **All cancellations must be made 7 calendar days prior to the class starting date. All cancellations must be in writing by letter, fax (651/366-4248) or e-mail to [leigh.kriewall@state.mn.us](mailto:leigh.kriewall@state.mn.us)**. No refunds will be given after this time. No-show will be the full class fee responsibility of the registrant. Mn/DOT reserves the right to cancel under-enrolled courses.

**TO ENROLL:** Please complete and return the registration form below. Registrations are accepted on a first come basis, payment must accompany registration. Please use a separate form for each registration (Xerox copies of this form are acceptable). **Phone registrations are not be accepted.**

**TRAFFIC CONTROL OVERVIEW - REGISTRATION FORM**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Firm/Organization \_\_\_\_\_  
 Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Daytime Phone (ac) \_\_\_\_\_ Fax \_\_\_\_\_ Contact Person \_\_\_\_\_

Enclosed is \$ \_\_\_\_\_ (\$125.00/person) check or money order, payable to **“Commissioner of Transportation”** in full payment of course fees. Mail to: Mn/DOT, Attn: Leigh Kriewall, Mail Stop 650, 395 John Ireland Blvd., St. Paul, MN 55155.

**A confirmation of enrollment and a map showing course location will be sent to your business address. Individuals who have a disability, either permanent or temporary, which might affect their ability to perform in this class, should indicate the disability on the back of this registration form.**