

National Committee on Uniform Traffic Control Devices
12615 West Keystone Drive, Sun City West, AZ 85375
Phone: 623-214-2403 Email: NCUTCD@AOL.COM

TECHNICAL COMMITTEE APPLICATION & PREFERENCE FORM

Thank you for your interest in serving on one of the Technical Committees of the National Committee on Uniform Traffic Control Devices (NCUTCD). So that we may evaluate your qualifications, please complete this form and return it to the NCUTCD office at the above address.

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Agency or Company: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Please indicate your preference for the Technical Committee on which you would like to serve (1st choice, 2nd choice, etc.)

- Signs, Regulatory and Warning (R/W)
Signs, Guide and Motorist Information (G/M)
Railroad and Light Rail Transit Highway Grade Crossings
Temporary Traffic Control
Bicycle
Signals
Markings
Research

Briefly describe your qualifications, which will enable you to contribute to the deliberations of your preferred Technical Committee. Use additional pages or attach a resume if necessary.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

TO BE COMPLETED BY TECHNICAL COMMITTEE CHAIRPERSON

I recommend do not recommend that
Be appointed to the Technical Committee
Comments:

Committee Chair: Name Signature Date

Executive Board Action: Approve Disapprove Date:
Comments: