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) ______ Bicycle
____ Signs, Guide and Motorist Information (G/M) ______ Signals
____ Railroad and Light Rail Transit Highway Grade Crossings ______ Markings
____ Temporary Traffic Control ______ 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: ________________________________

__________________________________________________________________________