

VIRGINIA RURAL WATER ASSOCIATION PRESENTS

# VDOT Basic Work Zone Safety / Traffic Control and Flagger Certification

(8.0 CPE's for Water / Wastewater)

**Thursday,  
Dec. 11, 2025**

**Location:**

**Amherst County  
WTP**

1355 Elon Rd,  
Madison Heights, VA

**Registration Required**



*Quality On Tap!*

2138 Sycamore Avenue  
Buena Vista, VA 24416  
Phone: 540-261-7178  
Fax: 540-261-2465  
On the web: [www.vrwa.org](http://www.vrwa.org)

**Description:** This course provides training to properly install all work zones to perform daily maintenance or short term operations. Emphasis is placed on the basics of work zone traffic control, concentration on work zone devices and how to effectively install and maintain them. Upon successful completion, participants will receive VDOT certification.

**PRE-REGISTRATION IS REQUIRED**  
**Class size limited to 30**

**Instructor:** Tracy Puckett (Executive Director of Lee Co. PSA)

**Class Times:** 8:00 AM – 5:00 PM

**Lunch:** 1 Hour on Your Own

**Cost:** \$235 (VRWA members)

\$285 (non-members)

\*Cost includes manuals, pocket guides and certification test

**To Register:** The preferred method for registration is online at the VRWA website ([www.vrwa.org](http://www.vrwa.org)). If an attendee does not have internet access, he or she may complete the registration form on the back of this page and fax it to the VRWA office at **540-261-2465**.

For answers to questions regarding the registration process, please call the VRWA office at **540-261-7178**.

**Registration Deadline: December 4, 2025**

# VDOT Basic Work Zone Safety / Traffic Control and Flagger

## Class Registration Form

VDOT Basic Work Zone Safety / Traffic Control & Flagger Certification—8 CPE's—Madison Heights, VA— December 11, 2025

Name (as it appears on your license) \_\_\_\_\_

System/Organization \_\_\_\_\_

Mailing Address \_\_\_\_\_

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

E-mail Address (required): \_\_\_\_\_

Total Amount Due: \$ \_\_\_\_\_ ☐ Check Enclosed ☐ Visa ☐ Master Card

Name (as it appears on your card): \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_

3-digit CSV security code: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address for Receipt: \_\_\_\_\_

Please make all checks out to VRWA and mail to: VRWA, 2138 Sycamore Avenue, Buena Vista, VA 24416

**Cancellation Policy:** Full refund less \$25.00 administration fee will be given if VRWA is notified at least 10 days prior to date of class. No refunds will be given for cancellations with less than 10 days notice, substitutions, however, are permitted. In the event that the class is cancelled by VRWA due to low enrollment, a full refund will be issued.

If paying by check please make all checks out to  
Virginia Rural Water Association  
2138 Sycamore Avenue  
Buena Vista, VA 24416  
(540) 261-7178  
(540) 261-2465 fax  
[www.vrwa.org](http://www.vrwa.org)