



Replacement Flagger Card Request Form

American Traffic Safety Services Association (ATSSA)

Student Information

Name: _____
Title: _____
Company/Agency/School: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone: _____ Fax: _____
Email: _____

Course Information

Training Date: _____
Instructor Name: _____

Fees

☐ \$10 (per card) x _____ number replacement cards = \$_____ Total

Cards are shipped via USPS First-Class Mail®.

Payment Method

☐ Government Purchase Order (copy of PO required at time of registration) PO# _____

☐ Check/Money Order (payable to ATSSA) Check Number: _____

Credit Card: ☐ Visa ☐ Mastercard ☐ AMEX

Card Number: _____ Exp. Date (MM/YY): _____ CVV* _____

Card Billing Address: _____ Billing Zip: _____

Cardholder's Name and Signature: _____

** On Visa and Mastercard, 3-digit code on back. On AMEX, 4-digit code on front (right or left side).*

Submit Application

American Traffic Safety Services Association (ATSSA)
Attn: Customer Service
15 Riverside Parkway
Fredericksburg, VA 22406-1077

Email: customerservice@atssa.com
Fax: 540-368-1717