



Instructor Background And Information Form

Thank you for filling out this form.

Presentation Title: Work Zone Traffic Control and Flagger Certification

Presenter: Gary E Cooke Title: Trainer

Employer: Professional Safety Solutions Address: 30995 SW Larson Rd

City: Lebanon State: OR Zip: 97355 Phone: (360) 219-5621

Summary of Lesson content: Oregon temporary traffic control rules, Oregon Temporary Traffic Control Handbook (OTTCH

Professional Background: (Note a brief - 2 page maximum - resume may be submitted in lieu of the following data. Please be sure the resume includes all requested information. Qualifications should be related to your presentation.) Use the reverse side of this form if more room is needed to fully answer the following questions.

Primary Knowledge/Skills/Abilities related to presentation: Oregon Traffic Control Supervisor, Certified Oregon Flagger 1

Education (High School, Upgrades, Colleges and Degrees): AS Engineering CEM

Professional Registration/Certification: _____

Related papers/instruction you have presented:

Title: _____ Date: _____ Event: _____

Title _____ Date: _____ Event: _____

Professional Organizations/Activities: Assocation of General Contractors Date: 8/15/2024

_____ Date: _____

Course sponsor: ODOT T2

Signature of Instructor: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

Date Evaluated: _____ By: _____ Approved: Yes _____ No _____

Return Completed Form To: OESAC CEU COMMITTEE
P.O. Box 577
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Phone: 503-698-6486