

TRAFFIC INCIDENT MANAGEMENT INSTRUCTOR RESUME COVER SHEET

Please mail or e-mail resume to:

Camille Fountain Transportation 616 Six Flags Dr. Arlington, Texas 76011

cfountain@nctcog.org Phone: (817) 704-2521

Name	First	Last
Title		
Agency		
Work Phone No.		Fax No.
Cell Phone No.		
mail Address		
Years With Agency	у	
Years With Releva	nt Experience	
PLEASE SIGN AND	D DATE	
Signature		Date
agency and in othe	er agencies. I un ach a minimum o	d a desire to teach this program to peers within my own lerstand that submission of this signed application is my four Traffic Incident Management classes, within 18 months,
e INSTRUCTOR hastructional service		the following three options in relation to compensation for

If approved as an instructor, a signed Professional Services Agreement must also be submitted before instructing.