



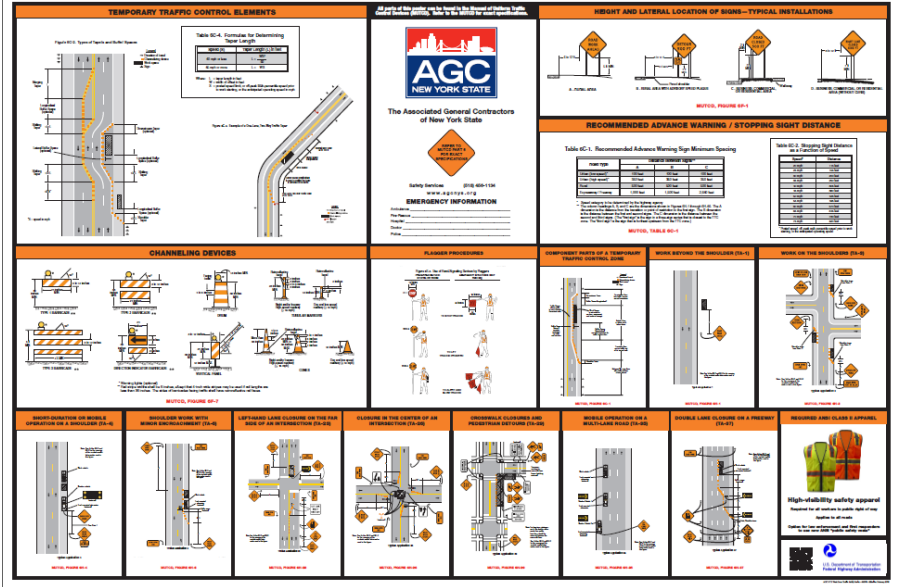
NEW!

WorkZone Traffic Safety Poster

Includes the most popular MUTCD Part 6 diagrams and information!

MUTCD Part 6 Diagrams Included:

- Temporary Traffic Control Elements – Figures 6C-2 and 6C-3, Table 6C-4 (Formula for Determining Taper Length)
- Height and Lateral Locations of Signs – Typical Installations (Figure 6F-1)
- Channeling Devices (Figure 6F-7)
- Flagger Procedures
- Component Parts of a Temporary Traffic Control Zone (Figure 6C-1)
- Work Beyond the Shoulder (Figure 6C-1)
- Work on the Shoulder (Figure 6H-3)
- Short Duration or Mobile Operation on the Shoulder (Figure 6H-4)
- Shoulder Work with Minor Encroachment (Figure 6H-6)
- Left Hand Lane Closure on the Far Side of an Intersection (Figure 6H-23)
- Closure in the Center of an Intersection (Figure 6H-26)
- Crosswalk Closures and Pedestrian Detours (Figure 6H-29)
- Mobile Operation on a Multi-Lane Road (Figure 6H-35)
- Double Lane Closure on a Freeway (Figure 6H-37)
- ANSI Class II Apparel



Highly visible black-on-orange print scheme. Printed on specially laminated, UV and weather resistant vinyl for indoor and outdoor posting!

This poster represents the most popular MUTCD diagrams, tables, and charts, but does not include all diagrams and tables. Refer to the MUTCD for exact specifications.

ORDERING INFORMATION

Please complete and return this form by mail or fax to:

AGC NYS, LLC
 10 Airline Drive, Suite 203
 Albany, NY 12205
 Phone: (518) 456-1134
 Fax: (518) 456-1198

	Quantity	AGC Member Unit Price	AGC Non-Member Unit Price	Total
For orders from 1 to 10	_____	\$32	\$55	\$ _____
For orders of 11 or more	_____	\$27	\$48	\$ _____
Add: Shipping \$5 for the 1 st poster, additional posters \$2 each				\$ _____
Sub-total				\$ _____
Specify County: _____ Add Applicable Sales Tax				\$ _____
Total Due				\$ _____

Please include method of payment with your order:

_____ Check payable to AGC NYS, LLC _____ Visa/MC/AmEx # _____ Exp. Date ____/____/____

Billing Street # _____ Zip _____ CVV Code _____ Signature _____

Ship To: _____
 Company Name _____ Contact/Dept. _____

Street _____

City, State, Zip _____

Phone _____ Fax _____

THIS IS YOUR INVOICE – PLEASE PAY FROM ORDER FORM.