

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION  
**INSTRUCTOR REQUEST**  
**FOR FDOT'S CONSTRUCTION TRAINING QUALIFICATION**  
**PROGRAM**

700-010-41  
CONSTRUCTION  
12/17

Submit To: FDOT State Construction Training Administrator  
605 Suwannee St., Mail station 31  
Tallahassee, Florida 32399-0450  
Or email to: [Susan.Robeson@dot.state.fl.us](mailto:Susan.Robeson@dot.state.fl.us)

Name: \_\_\_\_\_  
TIN: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Email address: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
(see CTQM 1.11(1) for details)

Contact Details to post on website  
Name: \_\_\_\_\_  
Provider(s): \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone number: \_\_\_\_\_  
Email address: \_\_\_\_\_  
(see CTQM 1.11(2) for details)

**Seeking Approval as a CTQP Instructor for the following course:**

\_\_\_\_\_  
(Each course desired will require a separate Instructor Approval Request form to be submitted)

**Check the boxes for the corresponding documentation submitted with this request**

(see CTQM 1.11(4) & 1.11(5) for details)

- I have attached my resume (**REQUIRED**)  
(The Applicant must attach a copy of their resume. This resume must convey experience qualifying them to be considered as an Instructor for the FDOT CTQP course requested.)
- I have taken a "Train the Trainer" workshop and have attached documentation
- I have held a valid teaching certificate and have attached documentation
- I have teaching experience in this technical field and have attached documentation
- I am a recognized expert in this field and knowledgeable on this subject area and have attached documentation
- Any other information the prospective Instructor considers will assist the TRT in evaluating this application

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

The Applicant may be required to demonstrate their abilities and knowledge at a regular meeting of Technical Review Team of the Specialty Area in which they are requesting approval.