

MOT Applications:

All submissions MUST include an application. Before submitting ensure application is complete, **all documents in 1 PDF in the order listed below and in its own email for processing.**

Submission Requirement in PDF packet for **NEW APPLICATION:**

- Form 001: Application 3-pages (List all instructors on page 2)
- Written Policies and Photos of Stop/Slow Paddle -Flag
- Form 004: Instructor/Proctor agreement
- Instructor Resume (**Detailed** KSA's, MUST meet all criteria on 2nd page of Application)
- Instructor MOT Certificate or a Snip it from Verify a Certificate
- Steps:2-3 repeated for each instructor

Submission Requirement in PDF packet for **Renewals:**

- Form 001: Application 3-pages (List all instructors on page 2)
- Form 004: Instructor/Proctor agreement
- Instructor MOT Certificate or a Snip it from Verify a Certificate
- Steps:2-3 repeated for each instructor
- Adding a new instructor to the Renewal application
 - Follow same order as New Instructor

Submission Requirement in PDF packet **New Instructor*:**

- Form 001: Application 3-pages (List all instructors on page 2)
- Form 004: Instructor/Proctor agreement
- Instructor Resume (**Detailed** KSA's, MUST meet all criteria on 2nd page of Application)
- Instructor MOT Certificate or a Snip it from Verify a Certificate
- Steps:2-4 repeated for each instructor

Submission Requirement in PDF packet **New Proctor:**

- Form 001: Application 3-pages (List all proctors on page 3)
- Form 004: Instructor/Proctor agreement
- For BMOT:
 - Instructor Resume (Detailed KSA's, MUST meet all criteria on 2nd page of Application)
 - Instructor MOT Certificate or a Snip it from Verify a Certificate

Submission Requirement in PDF packet to **ADD a level:**

- Form 001: Application 3-pages (List all instructors on page 2)
- Written Policies
- Form 004: Instructor/Proctor agreement
- Instructor Resume (**Detailed** KSA's-See Application)
- Instructor MOT Certificate or a Snip it from Verify a Certificate
- Steps:3-5 repeated for each instructor
- All instructors to teach this level must be included

Submission Requirement in PDF packet to **CHANGE of Information** (Contacts, Address, Phone Numbers, Levels)

- Submission alone: Check the box on top
- Submission with Renewals, New Instructor, Add/Delete Level: Check both the corresponding box AND Change of Information

Important: Approved applications will receive an official approval email with new Expiration Dates, List of Contacts, List of Instructors and List of Proctors for your records. Instructor(s) can only teach what they have been approved for.

* Previous Instructor Approvals are not transferable to new provider. New application for approval needed under new providership.

MOT PROVIDER APPLICATION AND INFORMATION SHEET



- Change of Information (Please Write ADD/DELETE for Contacts)
- New Provider
- Provider Renewal
- Adding New Instructor
- Adding New Proctor

Criteria for New Provider #	O (Template on TTC Resources)	Office Use Only
• Proven ability to manage training (Provide description of your experience)		<input type="checkbox"/> verified
• Written policy for refunds and cancellations (If training public)		<input type="checkbox"/> verified
• Written policy for Student Identification verification (For example-Check Driver's License or Identification)		<input type="checkbox"/> verified
• Written policy for Student to Instructor Ratio (For example- 1:20)		<input type="checkbox"/> verified
• Written Quality Control Policy for your instructors (For example-Complete one formal evaluation for each instructor annually)		<input type="checkbox"/> verified
<ul style="list-style-type: none"> • In addition you must include a picture of the following in the document: <ul style="list-style-type: none"> ○ A computer with PowerPoint capabilities, speakers and a projector for training videos ○ Stop/Slow Paddle(s) ○ Red Emergency Flag(s) 		
Provider Contact (Complete ALL Fields)		
Business Name/ DBA		Provider ID:
Business Address (Shows on Cert)	City	State
		Zip Code
Primary Business Phone (On Cert)	Fax Number	Website
Full Mailing Address (if different)		

Authorized Users of the www.motadmin.com website (Please limit this access to key personnel) Only 1 Primary Allowed			
Full Name	Email Address	Phone Number	Contact Type*
			<input type="checkbox"/> Primary <input type="checkbox"/> Secondary
			<input type="checkbox"/> Primary <input type="checkbox"/> Secondary
			<input type="checkbox"/> Primary <input type="checkbox"/> Secondary
			<input type="checkbox"/> Primary <input type="checkbox"/> Secondary

*Primary contact type= Main point of contact regarding all TTC/MOT concerns.

Course Levels Provided		Will your courses be open to the public?
Will you be providing Advanced TTC/MOT Training?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you be providing Advanced Refresher Training?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you be providing Intermediate TTC/MOT Training?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you be providing Intermediate Refresher Training?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Will you be providing Basic TTC/MOT (Flagger) Training?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Criteria for New Instructor (Criteria must be covered in resume)

- **Flagger and Intermediate/Refresher training:** 2 years of experience having responsible charge of specific work zone activities in one or more of the following highway categories: Design, Construction, Maintenance or Traffic Operations.
- **Advanced/Refresher training:** 2 years of experience having responsible charge of MOT/TTC Plan preparation, inspection, or supervision in 1 or more of the following highway categories: Design, Construction, Maintenance or Traffic Operations.
- Current certification must be of the same level or above in order to teach a course (Must have current valid and verifiable wallet card)
- Must provide a current resume. The resume must provide a description of the instructor's knowledge, skills, and abilities and his/her ability to teach the course effectively. **Advance/R must show details of his/her involvement in using the following State of Florida documents: Standards Plan, FDOT Design Manual, Construction Project Admin Manual, and the Standard Specifications for work zone applications.**
- Must read Proctor/Instructor Agreement and Instruction Form (Form 004) and sign acknowledgment of receipt

Instructor Information (Note: All Instructors will become authorized proctors by default) For Renewals: MOT Certificates or copy of online Verify a Certificate must be attached.

1) Instructors/Proctor Name:		<input type="checkbox"/> Form 004 Attached		<input type="checkbox"/> Resume and Current Certificate attached?	
Address		City		State	
Cell Phone		Email		Teaching Course(s)/Level(s) <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	
2) Instructors/Proctor Name:		<input type="checkbox"/> Form 004 Attached		<input type="checkbox"/> Resume and Current Certificate attached?	
Address		City		State	
Cell Phone		Email		Teaching Course(s)/Level(s) <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	
3) Instructors/Proctor Name:		<input type="checkbox"/> Form 004 Attached		<input type="checkbox"/> Resume and Current Certificate attached?	
Address		City		State	
Cell Phone		Email		Teaching Course(s)/Level(s) <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	
4) Instructors/Proctor Name:		<input type="checkbox"/> Form 004 Attached		<input type="checkbox"/> Resume and Current Certificate attached?	
Address		City		State	
Cell Phone		Email		Teaching Course(s)/Level(s) <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	
5) Instructors/Proctor Name:		<input type="checkbox"/> Form 004 Attached		<input type="checkbox"/> Resume and Current Certificate attached?	
Address		City		State	
Cell Phone		Email		Teaching Course(s)/Level(s) <input type="checkbox"/> Basic <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced	

✓ Use separate sheet if more space is needed

✓ Please ensure that all resumes, certificates and proctor agreements are included to avoid delays in processing

Criteria for New Proctor

- Must have a current MOT Intermediate or Advanced level certification when proctoring a Basic Flagger Skills Assessment
- Must read Proctor Agreement and Instruction Form (Form 004) and sign acknowledgment of receipt
- Must have a Flagger Skills Assessment (Form 003) check-off list when evaluating trainee/student

Proctor Information (Note: Do not include instructors listed above since they are authorized proctors by default)

1) Proctor Name		<input type="checkbox"/> Proctor Agreement Attached	Level(s) Proctored	
			<input type="checkbox"/> Intermediate/ Advanced	
			<input type="checkbox"/> Basic (If checked provide a current IMOT/AMOT Certificate)	
Address	City	State	Zip Code	
Cell Phone		Email		
2) Proctor Name		<input type="checkbox"/> Proctor Agreement Attached	Level(s) Proctored	
			<input type="checkbox"/> Intermediate/ Advanced	
			<input type="checkbox"/> Basic (If checked provide a current IMOT/AMOT Certificate)	
Address	City	State	Zip Code	
Cell Phone		Email		
3) Proctor Name		<input type="checkbox"/> Proctor Agreement Attached	Level(s) Proctored	
			<input type="checkbox"/> Intermediate/ Advanced	
			<input type="checkbox"/> Basic (If checked provide a current IMOT/AMOT Certificate)	
Address	City	State	Zip Code	
Cell Phone		Email		
4) Proctor Name		<input type="checkbox"/> Proctor Agreement Attached	Level(s) Proctored	
			<input type="checkbox"/> Intermediate/ Advanced	
			<input type="checkbox"/> Basic (If checked provide a current IMOT/AMOT Certificate)	
Address	City	State	Zip Code	
Cell Phone		Email		
5) Proctor Name		<input type="checkbox"/> Proctor Agreement Attached	Level(s) Proctored	
			<input type="checkbox"/> Intermediate/ Advanced	
			<input type="checkbox"/> Basic (If checked provide a current IMOT/AMOT Certificate)	
Address	City	State	Zip Code	
Cell Phone		Email		

- ✓ Use separate sheet if more space is needed
- ✓ Please ensure that all certificates and proctor agreements are included to avoid delays in processing

Provider Attest (I verify that all information listed above is correct)

Printed Name	Signature	Date
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