PROCTOR REQUEST FOR FDOT'S CONSTRUCTION TRAINING QUALIFICATION PROGRAM

Submit To: FDOT State Construction Training Administrator
605 Suwannee St., Mail station 31
Tallahassee, Florida 32399-0450
Or email to:
Elizabeth.Lawless@dot.state.fl.us

Name: _____

Driver's License No: _____

Address: _____

_____

Email address: _____

Phone number: _____
(see CTQM 1.12 for details)

Contact Details to post on website

Proctor name: _____

Provider: _____

Address: _____

_____

Phone number: _____

Email address: _____

Website: _____

I request approval to act as a Proctor for examinations given as a part of the Florida Department of Transportation's (FDOT's) Construction Training Qualification Program (CTQP). If approved, I request that contact information for me on the FDOT's State Construction Office internet website is as shown above.

☐ I have read and I am familiar with the current version (as of today's date) of Chapter one of the Construction Training Qualification Manual (CTQM) including the Proctoring Responsibilities show in CTQM Attachment 1-1 as published on the FDOT's State Construction Office internet website. http://www.dot.state.fl.us/construction

☐ I agree to be bound by and to comply with any conditions set for CTQP examinations by the State Construction Training Administrator (SCTA) and any conditions set for CTQP examinations in the CTQM both as now published and as it may be amended by the FDOT in the future. I agree that if my performance as a Proctor is called into question for any reason the SCTA may revoke my approval as a Proctor for CTQP examinations.

☐ (**I have**) ☐ (**I do not have**) additional experience which may assist in the consideration of my request
(Please check one of the phrases in above. When "I have" is checked attach a separate signed dated sheet with any information which may be helpful in considering your request. For example: state if you have proctored CTQM exams before and state the Provider you did this for)

_____ _____
Signature Date

NOTE: THIS REQUEST MUST HAVE THE ENDORSEMENT OF AN APPROVED CTQP PROVIDER

Provider Endorsement

As a representative of the currently approved CTQP Provider shown below, I certify that the individual named above, who is requesting approval as a proctor, is personally known to me to be of good character and knowledgeable in the reference materials described above regarding CTQP examinations.

_____ _____
Signature of entity's principal officer (see CTQM 1 for details) Date

_____
Print Name

_____ _____
Provider Name Provider Number