

**PROVIDER 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

Initial Provider Request ☐

Request for Additions ☐ Provider No.: _____

Request for Changes ☐ Provider No.: _____

(Check only one box per submitted request form)

Entity Name: _____

Address: _____

Email address: _____

Phone number: _____

Entity Type: _____

(see CTQM 1.10(2) for details)

contact details to post on website:

Entity name: _____

Contact Person: _____

Address: _____

Phone number: _____

Email address: _____

Website: _____

Seeking Approval as (or additions or changes to) a CTQP Provider for the following course:

(Each course desired will require a separate Provider Approval Request form to be submitted)

Instructors' names and TIN Numbers of the CTQP Approved Instructors for this course:

Name: _____

TIN: _____

Name: _____

TIN: _____

Name: _____

TIN: _____

Physical address of classroom facilities:

(see CTQM 1.10(2) for details)

(Each additional location will require an additional Provider Approval Request form to be submitted.)

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Check the boxes for the corresponding documentation submitted with this request

- ☐ Attached are photographs (jpeg file format) of the classroom set up at the above listed location. These photos will be evaluated to determine if the facility meets the classroom requirements as outlined in CTQM 1.10.1(6).
- ☐ Attached are photographs (jpeg file format) of the audio visual equipment. These photos will be evaluated to determine if the equipment meets the requirements as outlined in CTQM 1.10.2(7).
- ☐ Attached are photographs (jpeg file format) of any technical equipment the prospective Provider intend to use to present the CTQP course listed above. These photos will be evaluated to determine if the technical equipment meets the requirements as outlined in CTQM 1.10.1(8).

As a condition of Provider approval, the above listed entity agrees that if approved by the Department as a CTQP Training Provider they will abide by and be bound by the requirements of the Departments' CTQM and any updates thereto. This entity further agrees that if it ceases to be or will cease to be an approved Provider for any reason then the entity will forward to the Department (at the submit to address shown above) all the entity's CTQP training records which are required by the Departments CTQM and for which the retention period is not yet expired.

I agree to be bound by and to comply with any conditions set forth by the State Construction Training Administrator (SCTA) and any conditions set forth in the CTQM. I agree that if my performance as a Provider is called into question for any reason the SCTA may upon written notice to my company, suspend my approval as a Provider for CTQP courses and examinations.

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

Date

Print Name

Signatory's Title