

## MDOT DIGITAL SIGNATURE ACCOUNT REQUEST FORM

**NOTIFICATION:**

The information on this form is required by the Michigan Department of Transportation (MDOT) to verify the identity of the applicant requesting a digital signature account.

It is the responsibility of the applicant and/or associated company/agency to notify MDOT of any change in employment status, signing authority, or e-mail address that may impact the validity of the assigned signature. Note: Applicants and associated company/agencies may be directly contacted to further authenticate the identity of the applicant and/or confirm signing authority.

Completed forms must be returned electronically to: [MDOT-eSign@Michigan.gov](mailto:MDOT-eSign@Michigan.gov)

SIGNATURE APPLICANT SECTION	
COMPANY/AGENCY	
APPLICANT NAME (LEGAL NAME)	TITLE
E-MAIL ADDRESS	PHONE NUMBER

**CERTIFICATION AFFIDAVIT:**

The undersigned affirms all information provided on this form is true and correct. I agree to supply and receive information electronically. I agree to utilize MDOT's current digital signing software as the legal equivalent of my hand-written signature on all required transactions. I also understand by signing below, the digital signature account assigned will be used exclusively for MDOT contracting and/or authorized use only.

PRINT OR TYPE NAME, SAME AS SIGNATURE BELOW	TITLE
APPLICANT SIGNATURE	DATE

**Next Step: You will be contacted via e-mail within 3 business days with your account information.**