Michigan Department
of Transportation
2744-MUCP (05/2022)

MICHIGAN UNIFIED CERTIFICATION PROGRAM (MUCP)
APPLICATION ACCESS REQUEST

MDOT EMPLOYEE	MUCP CERTIFIYING AGENCY

LAST NAME	FIRST NAME

WORK ADDRESS

USER PHONE NUMBER	E-MAIL ADDRESS

NOTE: If user is requesting to be a system admin in SAM, check the box and list the system the user will be administering access to:

NEW USER *(Complete section 2)*   EXISTING USER *(Complete section 3)*

ACCESS	**LIST BUSINESS JUSTIFICATION/NEED FOR ACCESS**
MUCP Secondary User	
MUCP Primary User	
MUCP Super User	
MUCP Admin User	

ACCESS CHANGE	**LIST BUSINESS JUSTIFICATION/NEED FOR ACCESS (FOR ACCESS CHANGE)**
REMOVE	
SUSPEND	
REACTIVATE	
CHANGE MUCP ROLE	

ADDITIONAL NOTES

SUPERVISOR/MANAGER NAME	SIGNATURE	DATE
AUTHORIZED REQUESTER/SYSTEM ADMINISTRATOR NAME	SIGNATURE	DATE