

APPLICATION ACCESS REQUEST

Instructions: Complete form and e-mail to System Administrator at MDOT-MLAP@Michigan.gov.

SECTION 1: USER

STATE EMPLOYEE	CONTRACTOR	E-MAIL ADDRESS:	
LAST NAME		FIRST NAME	
WORKSITE ADDRESS			
NEW USER <i>(Complete section 2)</i>			
EXISTING USER <i>(Complete section 3)</i>			
NOTIFICATION:	ON	OFF	

SECTION 2: NEW USER

ACCESS LEVEL (Check one)	USER ROLE (Check only one)		
READ ONLY	Region	Finance	Admin Read Only
READ/WRITE	Transportation Service Center (TSC)	Transportation Work Authorization (TWA) Only	Read Only
APPROVAL	Commission Audit	Adjustment	System Admin
ADMINISTRATOR			

SECTION 3: EXISTING USER

ACCESS CHANGE	CURRENT WORK LOCATION
REMOVE ACCOUNT	
SUSPEND ACCOUNT	
REACTIVATE ACCOUNT	
WORKSITE CHANGE	
ADD/REMOVE RIGHTS	

ADDITIONAL NOTES/COMMENTS

APPROVALS

REQUESTOR SIGNATURE	DATE
REQUESTOR'S SUPERVISOR/MANAGER SIGNATURE	DATE
MAINTENANCE LOCAL AGENCY PAYMENTS (MLAP) SYSTEM ADMIN SIGNATURE	DATE