



PMP User Request / Change Form

Requestor

First Name: _____ Last Name: _____ Email: _____

Have you ever been a PMP user? Yes No

State Employee Section State Employee Intern Co-op

Division/Unit: _____ Position Title: _____

Office Phone #: _____

Non-State Employee Section Consultant Contractor FHWA

Company Name: _____ Company Address: _____

Phone Number: _____ City, State, Zip: _____

Type of Request/Change ***** Please check one or more of the following:*****

- Design PTS
- Contracts CAM
- QuestAward
- Quest Web
- Construction CMS
- RFIs
- Logs
- Materials MTS
- Reports
- Document_Mgmt
- Quest ARSI
- Other (Please specify)
- Project Manager
- Design Engineer
- Resident Engineer

*****Please provide an explanation and need of your request(s).*****

Include project name(s) and indicate if you require the ability to edit data per module.

Please sign, scan, and email this form to DOT.PMPUserRequest@dot.ri.gov to begin the process.

Departmental sign off is required for all requests

Print Form

I have read and agree to abide by the R.I. State Government Acceptable Usage Policy located at:

http://www.doit.ri.gov/documents/policies/00-02_Acceptable_Use_Policy.pdf

Your signature is required in order to process your request:

Requestor signature: _____ Date: _____

FOR RIDOT USE ONLY: * Any requests for View All / Edit All access below require the signature of the Administrator of PM's *****

Design PTS Authorized Signature: _____ Date: _____

- View Own
- Edit Own
- View All
- Edit All

CAM/Quest Award/Quest Web/ARSI Authorized Signature: _____ Date: _____

- View Own
- Edit Own
- View All
- Edit All

Materials MTS Authorized Signature: _____ Date: _____

- Edit All

Construction CMS/RFIs/Logs Authorized Signature: _____ Date: _____

- View Own
- Edit Own
- View All
- Edit All

CMS User Group: _____

Administrator Of PM's Authorized Signature: _____ **Date:** _____