



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
 Quest Award
 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

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 Chief Engineer *****

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: _____

Chief Engineer's Authorized Signature: _____ **Date:** _____