



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 Director 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: _____

Director Of PM's Authorized Signature: _____ Date: _____