

275-021-30 EQUAL OPPORTUNITY 06/19



New User Information:

Equal Opportunity Compliance System Access Request New Contractor & Consultant Users

The Florida Department of Transportation, Equal Opportunity Office has been charged with requirements of reporting Disadvantaged Business Enterprise Information to the U.S. Department of Transportation, Federal Highway Administration (FHWA) according to the new 49 Code of Federal Regulations Part 26. The Equal Opportunity Compliance (EOC) System was developed to collect, review and report DBE commitments, payments and the bidder opportunity lists. In order to have access to the web based EOC System, please fill out the information below.

If you are a Prime Contractor/Consultant on a project and will be submitting Payments, DBE Commitments & Bidder Opportunity list in EOC, please complete the following information:

User's First and Last Name (Re	equired):		
User's Phone (Required):			
User's Email Address (Require	ed):		
User's Address (Required):			
Street Address	City	State	Zip
By signing below, I certify that	I have read and understan	d that I am subject to all the provisions	of:
 Chapter 815, Florida Statu Procedure 050-020-026 - D 	Statutes – Safety and Secutes – Communications a statutes – Security of Datutes – Computer Related Distribution of Exempt Pu	nd Data Processing a and Information Technology Reso	ment Structures
information and associated sys which they are intended, to cor protecting sensitive information protect all of his or her passwo and as the representative of the	stems. All users are respon mply with all controls estab n against unauthorized disc rds from being disclosed a e above entity, fully unders	isible for using information resources or islished by information resource owners closure. I also understand that it is the user's refuse to accept any other user's stand the exempt nature of the public reformation in accordance with Florida la	nly for the purposes for and custodians and for user's responsibility to password, personally, ecords to which have
User's Signature (Required):		Date (Required): _	
Federal Tax Id Number (Requi	red):		
Company Name (Required): _			
Company Phone Number (Req	ıuired):		
*Company Rep. Signature (Required):		*Company Rep. Name (R	equired):
*Note: Company Rep Signat	ure & Rep Name is the A	uthorized Representative of the Con	ıpany.
Date of Signature (Required):		<u></u>	
Eav comp	lated Form to (850) 444 4	1979 or Email to: EOOHoln@dot stat	o flue