

Contractors and Consultants requesting access to the Equal Opportunity Compliance (EOC) System

A contractor and consultant is a user that is reporting the **bidder's opportunity list, commitments and payments** in the EOC system. To request for EOC access, user will need to fill out **2** forms and the computer security certificate (generates after watching security video). **Note: Send forms and CBT certificate to EOOHelp@dot.state.fl.us**

1. Complete the -> [EOC Access Form](#): Fill out the highlighted portions



STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
Equal Opportunity Compliance System Access Request
New Contractor & Consultant Users

275-021-30
EQUAL OPPORTUNITY
2013

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:

New User Information:

User's First and Last Name (Required): _____

User's Phone (Required): _____

User's Email Address (Required): _____

User's Address (Required): _____

Street Address	City	State	Zip
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By signing below, I certify that I have read and understand that I am subject to all the provisions of:

- [119, Florida Statutes, Public Records](#)
- [Section 281.301, Florida Statutes – Safety and Security Services](#)
- [Chapter 282, Florida Statutes – Communications and Data Processing](#)
- [Section 282.318, Florida Statutes – Security of Data and Information Technology Resources](#)
- [Chapter 815, Florida Statutes – Computer Related Crimes](#)
- [Procedure 050-020-026 - Distribution of Exempt Public Documents Concerning Department Structures and Security System Plans](#)

I understand that every user is responsible for systems security to the degree that his or her job requires the use of information and associated systems. All users are responsible for using information resources only for the purposes for which they are intended, to comply with all controls established by information resource owners and custodians and for protecting sensitive information against unauthorized disclosure. I also understand that it is the user's responsibility to protect all of his or her passwords from being disclosed and to refuse to accept any other user's password, personally, and as the representative of the above entity, fully understand the exempt nature of the public records to which have access and agree to maintain the exempt status of this information in accordance with Florida law.

User's Signature (Required): _____ Date (Required): _____

Federal Tax Id Number (Required): _____

Company Name (Required): _____

Company Phone Number (Required): _____

*Company Rep. Signature (Required): _____ *Company Rep. Name (Required): _____

*Note: Company Rep Signature & Rep Name is the Authorized Representative of the Company.

Date of Signature (Required): _____

Fax completed Form to (850) 414-4879 or Email to: EOOHelp@dot.state.fl.us
Forms will be processed 8 AM – 4:30 PM, EST, Monday – Friday excluding holidays

NOTE: Company representative is another person in the company to sign (i.e. different person from the user requesting access)

2. Complete the -> [FDOT security form](#): Fill out the highlighted portions

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
FDOT COMPUTER SECURITY ACCESS REQUEST

325-060-05
 INFORMATION SYSTEMS
 0915

User Information: Name: _____
 Existing Userid (If applicable): _____ Contact Phone (Required): _____
 Cost Center #/Name: _____ / _____
 User's Email: _____ User's Phone: _____

User's Acceptance of Conditions:
 By signing below, I signify that I have read and understand that I am subject to all the provisions of:

- Chapter 119, Florida Statutes, Public Records
- Section 281.301, Florida Statutes – Safety and Security Services
- Chapter 282, Florida Statutes – Communications and Data Processing
- Section 282.318, Florida Statutes – Security of Data and Information Technology Resources
- Chapter 815, Florida Statutes – Computer Related Crimes
- Procedure 050-020-026 - Distribution of Exempt Documents Concerning Department Structures and Confidential and Exempt Security System

I understand that every employee is responsible for systems security to the degree that his or her job requires the use of information and associated systems. All users are responsible for using information resources only for the purposes for which they are intended, to comply with all controls established by information resource owners and custodians and for protecting sensitive information against unauthorized disclosure. I also understand that it is the user's responsibility to protect all of his or her passwords from being disclosed and to refuse to accept any other user's password.

I also understand that signing below indicates that I have read and completed the following:

FDOT Security's New Employee Required Reading:
<http://www.dot.state.fl.us/computersecurity/ITpolicies.shtm>
 Computer Security Awareness for New Employees - Course and Quiz
<http://www.dot.state.fl.us/computersecurity/NewUserCBT/NewCBT/csa-newuser.shtm>

User's Signature: _____ Date: _____

Request Type: New User Name Change Access Change Termination Transfer

(If Termination or Transfer, please enter the information requested below)
 Effective Date: _____ Effective Time: _____
 Person Responsible for cleaning up employee's Mainframe Catalog: _____
 Name: _____ Userid: _____ Phone: _____

New Account Type: *(If New User/Transfer was selected above, please indicate the type of account being requested.)*
 Employee/OPS Consultant/Contractor Generic/Service Outside Agency FTP Only
 Other (Please explain): _____

Type of Computer Access Requested:

<input checked="" type="checkbox"/> Mainframe <i>(Required for New User)</i>	<input type="checkbox"/> EDMS <i>(Must complete the EDMS Addendum)</i>
<input type="checkbox"/> Email	<input type="checkbox"/> FTP <i>(Must complete the FTP Addendum)</i>
<input type="checkbox"/> Dial-In (RAS)	<input type="checkbox"/> FTA <i>(Must complete the FTA Addendum)</i>
<input type="checkbox"/> CITS	<input type="checkbox"/> SUNPASS <i>(Must complete the Sunpass Addendum)</i>
<input type="checkbox"/> Metaframe/Citrix _____ <small>(Please Specify)</small>	<input type="checkbox"/> VPN/Wireless VPN <i>(Must complete the VPN/Wireless VPN Addendum)</i>

DOMAIN AND/OR LAN ACCESS: _____ OU: _____
 AD Groups: *(Please provide details)* _____

Other Security Access: *(Please provide details)* _____

3. View the -> [security computer based training](#) (CBT) and fill out the certificate(Note: enter full name and date on certificate)

