



## Materials Acceptance & Certification (MAC) New Company Profile

### Applicant Information

Company Name: \_\_\_\_\_

Tax ID Number: \_\_\_\_\_

### Company Profile Manager

Name or User ID:

*Enter the Name or User ID of the person to be assigned as Profile Manager. This person must have a valid FDOT account, either ISA or Active Directory (AD).*

Phone Number: \_\_\_\_\_ Phone Type: Fax Office Cell

Phone Number: \_\_\_\_\_ Phone Type: Fax Office Cell

Phone Number: \_\_\_\_\_ Phone Type: Fax Office Cell

Email Address: \_\_\_\_\_

#### Add Another Profile Manager

Name or User ID:

*Enter the Name or User ID of the person to be assigned as Profile Manager. This person must have a valid FDOT account, either ISA or Active Directory (AD).*

Phone Number: \_\_\_\_\_ Phone Type: Fax Office Cell

Phone Number: \_\_\_\_\_ Phone Type: Fax Office Cell

Phone Number: \_\_\_\_\_ Phone Type: Fax Office Cell

Email Address: \_\_\_\_\_

### Physical Location

Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*\_\_\_\_\_  
*City* *State* *ZIP Code*

County: \_\_\_\_\_ Country: \_\_\_\_\_

### Mailing Address

**Same As Physical** Address: \_\_\_\_\_  
*Street Address* *Apartment/Unit #*\_\_\_\_\_  
*City* *State* *ZIP Code*

County: \_\_\_\_\_ Country: \_\_\_\_\_



Materials Acceptance & Certification (MAC)

Laboratory Qualification/Production Facility Profile (If Applicable)

Forward completed form with a copy of the Accreditation certificate, the last audit of the accrediting agencies and any resolutions thereof to the local District Materials Office.

Facility Information

Company Name: \_\_\_\_\_

FDOT Facility Number: \_\_\_\_\_  
*Enter the Plant, Mine or Lab Number.*

Laboratory Qualifying Agency: \_\_\_\_\_  
*AAP, CMEC, NELAC, SMO or OTHER*

Consultant  Contractor  Other  \_\_\_\_\_

Facility Manager

Name or User ID: \_\_\_\_\_  
*Enter the Name or User ID of the person to be assigned as a Profile Manager for the facility.*

Phone Number: \_\_\_\_\_ Phone Type: Fax Office Cell

Phone Number: \_\_\_\_\_ Phone Type: Fax Office Cell

Phone Number: \_\_\_\_\_ Phone Type: Fax Office Cell

Email Address: \_\_\_\_\_

Physical Location

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

County: \_\_\_\_\_ Country: \_\_\_\_\_

Mailing Address

Same As Physical

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

County: \_\_\_\_\_ Country: \_\_\_\_\_

Submitted by \_\_\_\_\_ Date: \_\_\_\_\_