

STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION
**EQUAL OPPORTUNITY COMPLIANCE SYSTEM ACCESS REQUEST
METROPOLITAN PLANNING ORGANIZATION (MPO) 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. To have access to the web-based EOC System, please fill out the information below.

New User Information (all fields required):

PRINT - User's First and Last Name: _____
User's Phone: _____
User's Email Address: _____
FEIN/Tax ID #: _____
MPO Name: _____

By signing below, I certify that I have read and understand that I am subject to all the provisions of:

[Policies and Procedures Regarding Information Technologies](#)

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. I, personally, and as the representative of the above entity, fully understand the exempt nature of the public records to which I have access and agree to maintain the exempt status of this information in accordance with Florida law.

**Note: In addition to this form, you must complete the required:
[Computer Security CBT and Acceptable Use Agreement Form](#)**

User's Signature: _____ Date: _____

Manager/Supervisor information (all fields required):

PRINT – MPO Manager/Supervisor First and Last Name: _____
MPO Manager/Supervisor Signature: _____

Email to: EOOHelp@dot.state.fl.us. Forms will be processed 8 AM - 5:00 PM, EST, Monday - Friday excluding holidays.