STATE OF FLORIDA – DEPARTMENT OF TRANSPORTATION

ITS Facility Management System
User Access Authorization Form

	Activate New User	Update Existing User	Deactivate User
TSM&O Engineer Authorization			
Name:			
Email Address:			

I request the FDOT Central Office ITS Section grant access of my agency's transportation management facility managed within the ITSFM system to the person listed below. This person is authorized to access the following Serving Area(s) and shall be assigned to the User Role shown below to support the maintenance of our database information stored in the ITSFM. Furthermore, I also verified that this individual has passed a Florida Department of Law Enforcement (FDLE) or the State Law Enforcement Radio System (SLERS) background check.

Signature: _____ **Date:** _____

Regional Transportation Management Center Serving Area and User Role

Serving Area	ITSFM Roles			
	Viewer	Maintainer	Editor	System Manager
	Viewer	Maintainer	Editor	System Manager
	Viewer	Maintainer	Editor	System Manager
	Viewer	Maintainer	Editor	System Manager
	Viewer	Maintainer	Editor	System Manager

ITSFM User Information

Full Name:		E-Mail Address:	
Company:		Phone Number:	
Title:			
Address:			
City, State, Zip Code:			

District ITSFM Coordinator

Comments:

Signature: _____ **Date:** _____

ITSFM Administrator Approval

Signature: _____ **Date:** _____

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