

Enrollment Swap Form

Please contact us at (602) 712-4050 if you have any questions. Submit this form via email to: ttraining@azdot.gov



Before submitting this form, please ensure that you have previously submitted the <u>Course Enrollment Form</u> for your scheduled training. This form is ONLY to be used when requesting 3 or less enrollment swaps within 1 week of the training. If you need more than 3 swaps, please update the original enrollment form and resubmit it.

Reminder: All participants in AZ LTAP training must be transportation employees. Non-transportation employees must be approved prior to training and an attendance fee paid prior to the start date.

| Course Title: | | Training Date: |
|---|--|-----------------------------|
| Agency: | | Requestor's Name: |
| | | |
| Provide the information for the employee to be removed EXACTLY as it was listed on the original enrollment form & provide the <u>FULL</u> LEGAL NAME of the employee being swapped in. <i>Preferred or nicknames may be included in quotes</i> (ex. John 'Johnny' Smith). | | |
| Employee to be Removed: | | |
| Employee to be Swapped In: | | |
| Email Address: | | Employee's Phone Number: |
| Employee to be Removed: | | |
| Employee to be Swapped In: | | |
| Email Address: | | Employee's Phone Number: |
| Employee to be Removed: | | |
| Employee to be Swapped In: | | |
| Email Address: | | Employee's Phone Number: |

Pursuant to Title VI of the Civil Rights Act of 1964, the Americans with Disabilities Act (ADA) and other nondiscrimination laws and authorities, ADOT does not discriminate on the basis of race, color, national origin, sex, age, or disability. Persons that require a reasonable accommodation based on language or disability should contact the AZ Local Technical Assistance Program at Ttraining@azdot.gov. Requests should be made as early as possible to ensure the State has an opportunity to address the accommodation. (Haga clic AQUÍ para la versión en español)