



COURSE ENROLLMENT REQUEST FORM

Please contact us at (602) 712-4050 if you have any questions.
 Submit this form via email, fax or mail to: ttraining@azdot.gov (e) / (602) 712-3007 (f)

A final confirmation will be sent 1 week prior to class date with detailed logistics. A \$100 no-show fee will be invoiced to your Agency if you fail to attend class or cancel within 3 business days prior to class start.

Please send registration fee to:

PAYABLE TO ADOT

AZ LTAP
 1130 N. 22nd Avenue
 Phoenix, AZ 85009

*** For Non-Contributing Local or Private Agency/Individual:**

- Training fee payment is required *prior* to attending the class.
- Now accepting Visa, MasterCard, American Express and Discover for payments
- Please visit our website (www.azltap.org) for training fees or contact us at Ttraining@azdot.gov.

Agency Contact Information	Administrator Information for Payments (if applicable)
Contact Person's Name:	Administrator's Name for Invoice:
Contact Person's Phone Number:	Administrator's Email Address for Invoice:
Contact Person's Email Address:	Agency Mailing Address (Address, City, State, Zip):
Contact Person's Agency/Department:	

CLASS INFORMATION				
Class Name:	Class Date:	Class Location:	Virtual	In-Person

Please Proceed to Page 2 to fill out the Student Information Section

For Official Use Only

Locator #: _____ Entered By: _____

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)

- **DO NOT** use SHORTHAND or NICKNAMES for employees. For example, if the employee's legal name is William, do not write Bill.
- Agencies **MUST** provide an email address UNIQUE TO EACH PERSON listed below or the employee's LTAP ID#.
- the phone number can be the same for all participants (i.e. an agency contact, supervisor or number of the requestor).

	ATTENDEES' FULL LEGAL NAME (DO NOT SUBMIT SHORTHAND OR NICKNAMES)	EMPLOYEE'S EMAIL ADDRESS or LTAP ID# (Required)	PHONE NUMBER (Required)	Enrolled in the Road Scholar Program?
1				<input type="checkbox"/> Yes <input type="checkbox"/> No
2				<input type="checkbox"/> Yes <input type="checkbox"/> No
3				<input type="checkbox"/> Yes <input type="checkbox"/> No
4				<input type="checkbox"/> Yes <input type="checkbox"/> No
5				<input type="checkbox"/> Yes <input type="checkbox"/> No
6				<input type="checkbox"/> Yes <input type="checkbox"/> No
7				<input type="checkbox"/> Yes <input type="checkbox"/> No
8				<input type="checkbox"/> Yes <input type="checkbox"/> No
9				<input type="checkbox"/> Yes <input type="checkbox"/> No
10				<input type="checkbox"/> Yes <input type="checkbox"/> No
11				<input type="checkbox"/> Yes <input type="checkbox"/> No
12				<input type="checkbox"/> Yes <input type="checkbox"/> No
13				<input type="checkbox"/> Yes <input type="checkbox"/> No
14				<input type="checkbox"/> Yes <input type="checkbox"/> No
15				<input type="checkbox"/> Yes <input type="checkbox"/> No
16				<input type="checkbox"/> Yes <input type="checkbox"/> No
17				<input type="checkbox"/> Yes <input type="checkbox"/> No
18				<input type="checkbox"/> Yes <input type="checkbox"/> No
19				<input type="checkbox"/> Yes <input type="checkbox"/> No
20				<input type="checkbox"/> Yes <input type="checkbox"/> No