



## 2023 COURSE ENROLLMENT REQUEST FORM

Please contact us at (602) 712-4050 if you have any questions.  
 Visit our website for more information at <https://www.azltap.org/>  
 Submit this form via email to: [ttraining@azdot.gov](mailto:ttraining@azdot.gov) (e)

*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](http://www.azltap.org)) for training fees or contact us at [Ttraining@azdot.gov](mailto: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 Code/Name:	Class Date:	Class Delivery: <input type="checkbox"/> Virtual <input type="checkbox"/> In-Person
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**\*Please Proceed to Page 2 to fill out the Student Information Section\***

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For Official Use Only

Locator #: \_\_\_\_\_ Entered By: \_\_\_\_\_

- **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.
- the phone number can be the same for all participants (i.e. an agency contact, supervisor or number of the requestor).

	EMPLOYEE'S <u>FULL LEGAL</u> NAME (DO NOT SUBMIT SHORTHAND OR NICKNAMES)	EMPLOYEE'S EMAIL ADDRESS <u>OR</u> LTAP ID# (Required)	PHONE NUMBER (Required)	Road Scholar? <input type="checkbox"/> Yes
1				<input type="checkbox"/> Yes
2				<input type="checkbox"/> Yes
3				<input type="checkbox"/> Yes
4				<input type="checkbox"/> Yes
5				<input type="checkbox"/> Yes
6				<input type="checkbox"/> Yes
7				<input type="checkbox"/> Yes
8				<input type="checkbox"/> Yes
9				<input type="checkbox"/> Yes
10				<input type="checkbox"/> Yes
11				<input type="checkbox"/> Yes
12				<input type="checkbox"/> Yes
13				<input type="checkbox"/> Yes
14				<input type="checkbox"/> Yes
15				<input type="checkbox"/> Yes
16				<input type="checkbox"/> Yes
17				<input type="checkbox"/> Yes
18				<input type="checkbox"/> Yes
19				<input type="checkbox"/> Yes
20				<input type="checkbox"/> Yes