

AZ LTAP COURSE ENROLLMENT FORM

Submit this form via email to: ttraining@azdot.gov (e)

Do not submit this form if you are trying to request a specific training to be delivered to your employees at your agency's facility. This form should *only* be submitted (1) if you have requested training and signed a Training Confirmation via DocuSign or (2) if you are only trying to enroll employees in pre-scheduled courses advertised on our site or in our newsletter.

Agency Contact Information		Administrator Information for Invoice (required)	
Contact Person's Name:		Admin Name:	
Contact Person's Phone Number:		Admin Email Address:	
Contact Person's Email Address:		Agency Mailing Address (Address, City, State, Zip):	
Contact Person's Agency:			

Class Information		
Class Code/Name:	Class Date:	Class Delivery: <input type="checkbox"/> Virtual <input type="checkbox"/> In-Person

FEES & CANCELATION POLICIES

- A final '**course confirmation**' will be e-mailed to each registered person 1 week prior to class date, typically on Tuesdays.
- To **reschedule or cancel employee(s) enrollment**, an emailed request must be sent to Ttraining@azdot.gov at least three business days (72 hours) prior to the training start date by close of business (5pm). To see our additional policies & **cancellation fees**, click [here](#).
- Training fees must be paid prior to attendance. We accept Visa, MasterCard, PO, and Mailed Checks. Card payments should be made through our online payment portal, <https://technicaltraining.az.gov/>. **No refunds are issued for late cancellations or no shows.**

ENROLLMENT REQUIREMENTS

- Every person seeking to be enrolled in AZ LTAP training **MUST** provide a **UNIQUE** and **ACTIVE email address**. No exceptions will be made.
- Every person seeking to be enrolled must provide their **FULL LEGAL FIRST & LAST NAME** as it would appear on a government issued ID. Nicknames or shortened versions of first names are NOT allowed. You will be asked to confirm if we suspect a nickname has been provided.
- Submitters **MUST clearly indicate any NON-TRANSPORTATION employees** and/or persons not directly employed with your agency and provide written notice of these inclusions in the body of the email sent when submitting this form.

ALL FIELDS ARE REQUIRED. ENROLLMENT FORMS WILL BE REJECTED AND RETURNED IF INCOMPLETE OR INACCURATE.

	EMPLOYEE'S <u>FULL LEGAL</u> FIRST & LAST NAME	SUFFIX	LTAP ID# <u>OR</u> EMPLOYEE'S EMAIL ADDRESS	PHONE NUMBER
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