

VIRGINIA DEPARTMENT OF TRANSPORTATION
INFORMATION SYSTEMS ACCESS REQUEST - EXTERNAL

User Information

Last Name: _____ First Name: _____ Middle Initial: ____
Phone: _____ (please include area code) E-mail address: _____
Local Government Name: _____ Office Name: ____
Job Title: _____ User Signature: _____

User Action

- New User
 User no longer needs access Effective Date: _____

Application System

Please Select One: Add Change Delete
If action was ADD or CHANGE, please describe level of access needed:
System Access To: _____ System Access To: Secure Portal
Level of Access: External User

VDOT Business Coordinator Authorization

Business Coordinator Name: _____
Signature: _____ Date: _____

VDOT CentralOffice Information Technology Division Use Only

Date Received: _____ Notification of Logon Date: _____