

# CTDOT AASHTOWare User Registration Form (External Partner/Contractor)

*Activate New User Account*

*Revise Existing User Account*

*Deactivate Existing User Account*

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## **[1] Employee information**

Person Name: \_\_\_\_\_ Job/Title: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Company Name: \_\_\_\_\_ Company FEIN#: \_\_\_\_\_

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## **[2] Identify the role(s) to grant to the employee:**

<b>Select</b>	<b>AASHTOWare CRL Role Name</b>	<b>AASHTOWare CRL Role Purpose</b>
<input type="checkbox"/>	CTNONAGEPRIMEPAYROLL	PRIME contractor staff entering their payroll or reviewing subs payroll
<input type="checkbox"/>	CTNONAGESUBPAYROLL	SUBCONTRACTOR staff entering payroll for prime contractor review
<input type="checkbox"/>	CTNONAGEPRIMEPAYMENT	PRIME contractor staff reporting payments sent or received
<input type="checkbox"/>	CTNONAGESUBPAYMENT	SUBCONTRACTOR staff reporting payments sent or received

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## **[3] Signing Authority**

Electronic signature authority is REQUIRED to legally and fully submit electronic data for certified payrolls

**Grant Signing Authority for certification to this individual**

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## **[4] Identify the CTDOT project(s) the employee will be assigned to *(A separate form shall be submitted for projects where the roles and/or signatory authority differ from those in [2] and [3] above)***

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## **[5] Company Principals legally reviewing and approving this form**

I, the undersigned, verify and attest that I am a duly sworn Principal of the company listed above in section [1] and that the individual listed above is an employee and/or legally affiliated staff designated to perform the AASHTOWare Project CRL Roles selected for this company. ***[Official corporation papers listing company Principals must accompany this form when granting signing authority]***

At any time when the employee denoted in section [1] above is separated from the company or deemed to no longer need signatory authority/access to AASHTOWare Project, a Principal of the company shall immediately contact CTDOT via the [DOT.AWP-Support@ct.gov](mailto:DOT.AWP-Support@ct.gov) to request the appropriate account changes.

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Remarks:

Submit this form and any supporting documentation via email to: [DOT.AWP-Support@ct.gov](mailto:DOT.AWP-Support@ct.gov)