

# MOT PROVIDER APPLICATION AND INFORMATION SHEET



- Change of Information (Please Write ADD/DELETE for Contacts)
- New Provider
- Provider Renewal
- Adding New Instructor
- Adding New Proctor

<b>Criteria for New Provider (Template on TTC Resources)</b>	Office Use Only		
• Proven ability to manage training (Provide description of your experience)	<input type="checkbox"/> verified		
• Written policy for refunds and cancellations (If training public)	<input type="checkbox"/> verified		
• Written policy for Student Identification verification (For example-Check Driver's License or Identification)	<input type="checkbox"/> verified		
• Written policy for Student to Instructor Ratio (For example- 1:20)	<input type="checkbox"/> verified		
• Written Quality Control Policy for your instructors (For example-Complete one formal evaluation for each instructor annually)	<input type="checkbox"/> verified		
<ul style="list-style-type: none"> <li>• In addition you must have:               <ul style="list-style-type: none"> <li>○ A computer with PowerPoint capabilities, speakers and a projector for training videos</li> <li>○ Stop/Slow Paddle(s)</li> <li>○ Red Emergency Flag(s)</li> </ul> </li> </ul>			
<b>Provider Contact (Complete ALL Fields)</b>			
Business Name/ DBA			
Business Address	City	State	Zip Code
Primary Business Phone	Fax Number	Website	
Full Mailing Address (if different)			

<b>Authorized Users of the <a href="http://www.ttcadmin.com">www.ttcadmin.com</a> website</b> (Please limit this access to key personnel)			
Full Name	Email Address	Phone Number	Contact Type*
			<input type="checkbox"/> Primary <input type="checkbox"/> Secondary
			<input type="checkbox"/> Primary <input type="checkbox"/> Secondary
			<input type="checkbox"/> Primary <input type="checkbox"/> Secondary
			<input type="checkbox"/> Primary <input type="checkbox"/> Secondary

\*Primary contact type= Main point of contact regarding all TTC/MOT concerns.

<b>Course Levels Provided</b>		Will your courses be open to the public?	Course Fee (Per Level)
Will you be providing Advanced TTC/MOT Training?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$0
Will you be providing Advanced Refresher Training?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Will you be providing Intermediate TTC/MOT Training?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$0
Will you be providing Intermediate Refresher Training?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Will you be providing Basic TTC/MOT (Flagger) Training?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$0

## Criteria for New Instructor (Criteria must be covered in resume)

- 2 years of related experience (Design, Construction, Maintenance, Utilities, Traffic Operations)
- Current certification must be of the same level or above in order to teach a course (Must have current valid and verifiable wallet card)
- 2 years of instruction; must provide references for each category of experience
- Must provide a current resume. The resume must provide a description of the instructor's knowledge, skills, and abilities and his/her ability to teach the course effectively
- Must read Proctor/Instructor Agreement and Instruction Form (Form 004) and sign acknowledgment of receipt

### Instructor Information (Note: All Instructors will become authorized proctors by default)

1) Instructors/Proctor Name:		<input type="checkbox"/> Form 004 Attached		<input type="checkbox"/> Resume and Current Certificate attached?	
Address		City		State	
Zip Code		Cell Phone		Email	
Teaching Course(s)/Level(s)		<input type="checkbox"/> Basic		<input type="checkbox"/> Intermediate	
<input type="checkbox"/> Advanced		2) Instructors/Proctor Name:		<input type="checkbox"/> Form 004 Attached	
<input type="checkbox"/> Resume and Current Certificate attached?		Address		City	
State		Zip Code		Cell Phone	
Email		Teaching Course(s)/Level(s)		<input type="checkbox"/> Basic	
<input type="checkbox"/> Intermediate		<input type="checkbox"/> Advanced		3) Instructors/Proctor Name:	
<input type="checkbox"/> Resume and Current Certificate attached?		Address		City	
State		Zip Code		Cell Phone	
Email		Teaching Course(s)/Level(s)		<input type="checkbox"/> Basic	
<input type="checkbox"/> Intermediate		<input type="checkbox"/> Advanced		4) Instructors/Proctor Name:	
<input type="checkbox"/> Resume and Current Certificate attached?		Address		City	
State		Zip Code		Cell Phone	
Email		Teaching Course(s)/Level(s)		<input type="checkbox"/> Basic	
<input type="checkbox"/> Intermediate		<input type="checkbox"/> Advanced		5) Instructors/Proctor Name:	
<input type="checkbox"/> Resume and Current Certificate attached?		Address		City	
State		Zip Code		Cell Phone	
Email		Teaching Course(s)/Level(s)		<input type="checkbox"/> Basic	
<input type="checkbox"/> Intermediate		<input type="checkbox"/> Advanced			

- ✓ Use separate sheet if more space is needed
- ✓ Please ensure that all resumes, certificates and proctor agreements are included to avoid delays in processing

## Criteria for New Proctor

- Must have a current MOT Intermediate or Advanced level certification when proctoring a Basic Flagger Skills Assessment
- Must read Proctor Agreement and Instruction Form (Form 004) and sign acknowledgment of receipt
- Must have a Flagger Skills Assessment (Form 003) check-off list when evaluating trainee/student

**Proctor Information** (Note: Do not include instructors listed above since they are authorized proctors by default)

1) Proctor Name		<input type="checkbox"/> Proctor Agreement Attached	Level(s) Proctored	
			<input type="checkbox"/> Intermediate/ Advanced	
			<input type="checkbox"/> Basic (If checked provide a current IMOT/AMOT Certificate)	
Address	City	State	Zip Code	
Cell Phone		Email		
2) Proctor Name		<input type="checkbox"/> Proctor Agreement Attached	Level(s) Proctored	
			<input type="checkbox"/> Intermediate/ Advanced	
			<input type="checkbox"/> Basic (If checked provide a current IMOT/AMOT Certificate)	
Address	City	State	Zip Code	
Cell Phone		Email		
3) Proctor Name		<input type="checkbox"/> Proctor Agreement Attached	Level(s) Proctored	
			<input type="checkbox"/> Intermediate/ Advanced	
			<input type="checkbox"/> Basic (If checked provide a current IMOT/AMOT Certificate)	
Address	City	State	Zip Code	
Cell Phone		Email		
4) Proctor Name		<input type="checkbox"/> Proctor Agreement Attached	Level(s) Proctored	
			<input type="checkbox"/> Intermediate/ Advanced	
			<input type="checkbox"/> Basic (If checked provide a current IMOT/AMOT Certificate)	
Address	City	State	Zip Code	
Cell Phone		Email		
5) Proctor Name		<input type="checkbox"/> Proctor Agreement Attached	Level(s) Proctored	
			<input type="checkbox"/> Intermediate/ Advanced	
			<input type="checkbox"/> Basic (If checked provide a current IMOT/AMOT Certificate)	
Address	City	State	Zip Code	
Cell Phone		Email		

- ✓ Use separate sheet if more space is needed
- ✓ Please ensure that all certificates and proctor agreements are included to avoid delays in processing

**Provider Attest** (I verify that all information listed above is correct)

Printed Name	Signature (Not required for Electronic Submittal)	Date
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