

**Proctor Approval Request for
The Florida Department of Transportation's Construction Training Qualification Program**

Name _____ Florida Drivers License No. _____

Mailing Address _____

Email Address _____ Telephone _____

I request approval to act as a Proctor for examinations given as a part of the Florida Department of Transportation's (FDOT's) Construction Training Qualification Program (CTQP). If approved, I request that contact information for me on the FDOT's State Construction Office internet website is, the information shown (above) (on the attached sheet).
(Please circle one of the underlined phrases in the section above and attach any additional information required)

I have read and I am familiar with the current version (as of today's date) of Chapters one and ten of the Construction Training Qualification Manual (CTQM) including the Proctoring Responsibilities shown in CTQM Attachment 10-1 as published on the FDOT's State Construction Office internet website. <http://www.dot.state.fl.us/construction/>

I have read and I am familiar with the current version (as of today's date) the CTQP course catalog, including the sections listing the allowable examination durations and acceptable reference resources allowed for use by students in an open-book fashion as published on the CTQP Administrator's internet website. <http://www.ctqpfloida.com/>

I agree to be bound by and to comply with any conditions set for CTQP examinations by the State Construction Training Administrator (SCTA) and any conditions set for CTQP examinations in the CTQM both as now published and as it may be amended by the FDOT in the future. I agree that if my performance as a Proctor is called into question for any reason the SCTA may, upon written notice to me, revoke my approval as a Proctor for CTQP examinations.

I do (I do not) wish to request the endorsement of the SCTA in lieu of the endorsement of a CTQP Provider because I and my abilities as a proctor are personally known to the SCTA.
(Please circle one of the underlined phrases in the section above.)

(I have) (I do not have) additional experience which may assist in the consideration of my request
(Please circle one of the underlined phrases in the section above. Where "I have" is circled please, attach a separate signed dated sheet with any information which may be helpful in considering your request. For example : state if you have proctored CTQM exams before and state the Provider you did this for)

Signature

Date

NOTE THIS REQUEST MUST HAVE THE ENDOIRSEMENT OF EITHER THE SCTA OR AN APPROVED CTQP PROVIDER BELOW

Provider Endorsement

As a representative of the currently approved CTQP Provider shown below, I certify that the individual named above, who is requesting approval as a proctor, is personally known to me to be of good character and knowledgeable in the reference materials described above regarding CTQP examinations.

Signature

Date

Provider Name

Provider Number

SCTA Endorsement

As the State Construction Training Administrator, I certify that the individual named above, who is requesting approval as a proctor, is personally known to me to be of good character and knowledgeable in the reference materials described above regarding CTQP examinations.

Signature

Date.