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| **TRANSIT GRANTS MANAGEMENT SYSTEM SIGNATORY AUTHOR****IZATION**Wisconsin Department of Transportation (WisDOT)**DT1789 6/2015** |
| **Purpose:** Complete this form to request that a new or existing user in the WisDOT Transit Grants Management System be designated as having signatory authority for their organization. *Complete one form for each user.* |
|  |
| **User Information** |
|  |  |  |  |  |
| Organization Name |       |  | User Status  | [ ]  New [ ]  Existing |
| Street |       |  | User First Name |       |
| City |       |  | User Last Name |       |
| State |       |  | User Title |       |
| ZIP Code |       |  | User Phone |       |
|  |  |  | User Email |       |
|  |  |  |
| **User Agreement** |  | **Organization Authorization** |
| *By signing below I certify that I currently hold the title as listed above, that I agree to conduct transactions by electronic means, that I will keep my password to the WisDOT Transit Grants Management System confidential, and that I will notify WisDOT if my password has been lost or stolen.* |  | *By signing below I authorize that the organization listed above has authority to receive grants, that the organization agrees to conduct transactions by electronic means, that the user listed above has signatory authority for the organization, and that I will notify WisDOT if the user no longer has signatory authority.* |
|  |  |  |
| Signature of User |  | Signature of Organization Official |
| Date |       |  | Printed Name |       |
|  |  |  |
| Title |       |
|  |
| Date |       |
|  |
|  |
|  ***Submit signed forms via email OR mail*** |
|  Sarah Probasco Wisconsin Department of Transportation 4802 Sheboygan Ave, Room 951 Madison, WI 53705 sarah.probasco@dot.wi.gov |
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|  | *For WisDOT use ONLY* |  |
|  |  |  |
|  | Signature of WisDOT Approver |  |
|  | Approver Name |       |  |
|  | Approver Title |       |  |
|  | Approval Date |       |  |
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