

MnDOT User Registration Form for AASHTOWare CRL Roles\User (External Partner/Contractor)

Complete all sections 1-7.

[1] You must register an email address to use as your AASHTOWare login ID at the account management website:

<https://dotapp7.dot.state.mn.us/mnaashtowareusers/> When complete, enter that email address in section [2] below.

[2] Who is going to use these AASHTOWare role(s) for this company? (Complete all lines in this section.)

Person Name: _____ Job/Title: _____

Phone #: _____ Company Name: _____ Company Swift #: _____

Registered Email-Address/Login-ID: _____ See section [1] above

[3] What will the person from section [2] do in AASHTOWare? (Select ALL roles user will have when this form is processed.)

Select	AASHTOWare CRL Role Name	AASHTOWare CRL Role Purpose
<input type="checkbox"/>	MNNONAGEBIDDER	PRIME contractor staff entering bidder-quoter data on proposals
<input type="checkbox"/>	MNNONAGEREQUESTTOSUBLET	PRIME contractor staff adding subcontractors to their contract
<input type="checkbox"/>	MNNONAGEPRIMEPAYROLL	PRIME contractor staff entering their payroll or reviewing subs payroll
<input type="checkbox"/>	MNNONAGESUBPAYMENT	PRIME & SUBCONTRACTORS staff reporting payments sent or received.
<input type="checkbox"/>	MNNONAGESBUPAYROLL	SUBCONTRACTOR staff entering payroll for prime contractor review

[4] Will this person be able to electronically sign submitted data for this company?

Electronic signature authority is REQUIRED to legally and fully submit the following for review by Prime or MnDOT:

- (i) PAYROLLS for review by Prime and/or MnDOT
- (ii) BIDDER-QUOTER DATA on Proposal's for review by MnDOT

Grant Signing Authority to the user named in section #2.

[5] Company Officer legally reviewing and approving this form:

I, the undersigned, verify and attest that I am a duly sworn officer of the company whose Minnesota SWIFT ID is listed above in section [2] 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.

Name: _____ Email: _____

Position/Title: _____ Phone: _____

Signature: _____ Date: _____

[6] Notary stamp: (You may not notarize this form if you are listed in section #2 above)

Notary Name: _____

Place Stamp Here

Notary Expiration Date: _____

Today's Date: _____

Notary Signature: _____

Stamp must be visible in scanned PDF / Image

[7] If sections 1-6 are reviewed & completed: Scan this form to PDF and email it to crlsupport.dot@state.mn.us