Florida Department of Transportation

675-000-05
07/20
Materials

Materials Acceptance & Certification (MAC) New Company Profile

Applicant Information

Company Name: _____

Tax ID Number: _____

Company Profile Manager

Name or User ID: _____

Enter the Name or User ID of the person to be assigned as Profile Manager. This person must have a valid FDOT account, either ISA or Active Directory (AD).

Phone Number: _____ Phone Type: Fax Office Cell

Phone Number: _____ Phone Type: Fax Office Cell

Phone Number: _____ Phone Type: Fax Office Cell

Email Address: _____

Add Another Profile Manager

Name or User ID: _____

Enter the Name or User ID of the person to be assigned as Profile Manager. This person must have a valid FDOT account, either ISA or Active Directory (AD).

Phone Number: _____ Phone Type: Fax Office Cell

Phone Number: _____ Phone Type: Fax Office Cell

Phone Number: _____ Phone Type: Fax Office Cell

Email Address: _____

Physical Location

Address: _____

Street Address *Apartment/Unit #*

_____

City *State* *ZIP Code*

County: _____ Country: _____

Mailing Address

Same As Physical ☐

Address: _____

Street Address *Apartment/Unit #*

_____

City *State* *ZIP Code*

County: _____ Country: _____

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Laboratory Qualification/Production Facility Profile (If Applicable)

Forward completed form with a copy of the Accreditation certificate, the last audit of the accrediting agencies and any resolutions thereof to the local District Materials Office.

Facility Information

Company Name: _____

FDOT Facility Number: _____
Enter the Plant, Mine or Lab Number.

Laboratory Qualifying Agency: _____
AAP, CMEC, NELAC, SMO or OTHER

Consultant ☐ Contractor ☐ Other ☐ _____

Facility Manager

Name or User ID: _____
Enter the Name or User ID of the person to be assigned as a Profile Manager for the facility.

Phone Number: _____ Phone Type: Fax Office Cell

Phone Number: _____ Phone Type: Fax Office Cell

Phone Number: _____ Phone Type: Fax Office Cell

Email Address: _____

Physical Location

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

County: _____ Country: _____

Mailing Address

Same As Physical ☐

Address: _____
Street Address *Apartment/Unit #*

_____
City *State* *ZIP Code*

County: _____ Country: _____

Submitted by _____ **Date:** _____