

JANUARY 1, 2006 PLANS PREPARATION MANUAL

REGISTRATION FORM

Please complete this form and return to the address below. This will ensure that you are registered as a PPM holder and receive notification of all addenda and revisions. **If you are currently a holder, you may update your customer information using this form.**

Name: _____

Firm Name or DOT District: _____

Business Address: _____

City _____ State _____ Zip Code _____

Phone Number: () _____ SC _____ Fax () _____

E-Mail Address: _____

What is your primary area of responsibility? (CHECK ONLY ONE)

Roadway Estimates Structures Project Management
Drainage Utilities

What are the areas of responsibility for which you would like to receive information regarding updates and training? (CHECK AS MANY AS APPLY)

Roadway Estimates Structures Project Management
Drainage Utilities

Return Address:

**Florida Department of Transportation
Roadway Design Office - Mail Station 32
605 Suwannee Street
Tallahassee, Florida 32399-0450
Telephone: (850) 414-4329 Fax: (850)414-5261
SC: 994-4329 SC Fax: 994-5261**

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