

**DOT Toll Collectors  
Individual Training Account Request Form**

REFERRAL CAREER CENTER: \_\_\_\_\_

CLIENT NAME: \_\_\_\_\_

SELECTED PROGRAM: \_\_\_\_\_

SELECTED VENDOR NAME: \_\_\_\_\_

TRAINING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

DATE SUBMITTED: \_\_\_\_\_

ID#: \_\_\_\_\_

MOSES COURSE ID: \_\_\_\_\_

TRAINING PROVIDER ID: \_\_\_\_\_

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

**TO BE COMPLETED BY TRAINING VENDOR:**

BUSINESS OFFICE ADDRESS (*If Different From Above*): \_\_\_\_\_

CONTACT NAME AND TITLE: \_\_\_\_\_

START DATE: \_\_\_\_\_ END DATE: \_\_\_\_\_ # OF WKS OF TRAINING: \_\_\_\_\_

TUITION: \$ \_\_\_\_\_ BOOKS: \$ \_\_\_\_\_ FEES: \$ \_\_\_\_\_ TOTAL COST: \$ \_\_\_\_\_

VENDOR APPROVAL OF ENROLLMENT: \_\_\_\_\_  
Authorized Vendor Signature Date

**TO BE COMPLETED BY CAREER CENTER:**

REQUESTED BY: \_\_\_\_\_  
Authorized Career Center Staff Date

APPROVED BY: \_\_\_\_\_  
Authorized Career Center Manager / Supervisor Date

**MSW INTERNAL USE ONLY:**

Contract Number: \_\_\_\_\_ Tuition: \$ \_\_\_\_\_  
Books: \$ \_\_\_\_\_ (paid out of pocket)  
Obligation: \$ \_\_\_\_\_ Fees: \$ \_\_\_\_\_ (paid out of pocket)

**CAREER CENTERS PLEASE FAX THIS COMPLETED REQUEST TO:  
Metro South/West, Attn: Pamela Thyne  
FAX: 508-766-5794 or pthyne@etrcc.com  
PHONE: 508-766-5721**