Michigan Department
Of Transportation
1979 (02/12)

MDOT AUTHORIZED SIGNATURE FORM

Revision # _____

INSTRUCTIONS: 1) This form is mandatory and must be filled out completely prior to the preconstruction meeting. 2) Only those identified on this form are permitted to E-Sign the documents for this contract. 3) Any changes to personnel or names will require re-distribution of a revised list to all parties on the list.

DISTRIBUTION: Original: Projectwise; Copies: Project file, FHWA, CFSD-Lansing, Region Office, TSC Office, Contractor, When applicable: Local Agency and Consultant

DEFINITIONS:

Point of Contact:	This will be the person receiving all the e-mails for distribution
Primary Authorized Signer:	This will be the primary person authorized and expected to E-Sign
Backup Authorized Signer:	This will be the secondary/backup person also authorized to E-Sign
Other Authorized Signer:	This will be the other principals, owners, division managers, controllers or other

CONTRACT ID	REGION	FEDERAL PROJECT NUMBER

PROJECT DESCRIPTION

FEDERAL HIGHWAY ADMINISTRATION

ROLE	NAME	COMPANY/AGENCY	TITLE	E-MAIL ADDRESS	PHONE #	E-SIGNATURE
Point of Contact		FHWA	Secretary			
Primary **Authorized** Signer		FHWA	Area Engineer			
Backup Primary **Authorized** Signer		FHWA				
Backup Primary **Authorized** Signer		FHWA				

CENTRAL OFFICE – CONSTRUCTION FIELD SERVICES DIVISION

ROLE	NAME	COMPANY/AGENCY	TITLE	E-MAIL ADDRESS	PHONE #	E-SIGNATURE
Point of Contact	Adam Iding	MDOT	Departmental Analyst	IdingA@michigan.gov	(517) 322-5659	Adam Iding Digitally signed by Adam Iding DN: cn=Adam Iding, o=MDOT, ou=CFS, email=idingapm4@gmail.com, c=US Date: 2012.02.21 06:24:47 -05'00'
Primary **Authorized** Signer	Jason Clark, P.E.	MDOT	Construction Contracts Engineer	ClarkJ25@michigan.gov	(517) 322-6630	R. Jason Clark, PE R. Jason Clark, PE, cn=MDOT Bureau of Field Services, ou=Construction Contracts Engineer, email=clarkj25@michigan.gov, c=US 2012.02.16 17:55:42 -05'00'
Backup Primary **Authorized** Signer	Jason Gutting, P.E.	MDOT	Engineer of Construction Operations	GuttingJ@michigan.gov	(517) 636-6334	Jason Gutting, PE Digitally signed by Jason Gutting, PE DN: cn=Jason Gutting, PE, o=MDOT, ou=Bureau of Field Services, ou=Engineer of Construction Operations, email=guttingj@michigan.gov, c=US Date: 2012.02.21 10:08:00 -05'00' Reason: I am the author of this document Location: Lansing, Michigan
Backup Primary **Authorized** Signer	Brenda O'Brien, P.E.	MDOT	Engineer of Construction Field Svcs	ObrienB2@michigan.gov	(517) 322-1085	Brenda J. O'Brien, P.E. Digitally signed by Brenda J. O'Brien, P.E. DN: cn=Brenda J. O'Brien, P.E., o=MDOT, ou=Construction Field Services Division, email=obrienb2@michigan.gov, c=US Date: 2012.02.21 10:07:47 -05'00'
Other Authorized Signer	Mark Chaput, P.E.	MDOT	Deputy Director - CFSD	ChaputM@michigan.gov	(517) 322-3331	
Other Authorized Signer	Randy VanPortfliet, P.E.	MDOT	Director - CFSD	VanPortflietR@michigan.gov	(906) 786-1800	
Other Authorized Signer		MDOT				

REGION OFFICE

ROLE	NAME	COMPANY/AGENCY	TITLE	E-MAIL ADDRESS	PHONE #	E-SIGNATURE
Point of Contact		MDOT				
Primary **Authorized** Signer		MDOT	Region Construction Engineer			
Backup Primary **Authorized** Signer		MDOT				
Other Authorized Signer		MDOT	Region Engineer			
Other Authorized Signer		MDOT				

TSC OFFICE

ROLE	NAME	COMPANY/AGENCY	TITLE	E-MAIL ADDRESS	PHONE #	E-SIGNATURE
Point of Contact		MDOT	Transportation Technician			
Primary **Authorized** Signer		MDOT	MDOT Construction Engineer			
Backup Primary **Authorized** Signer		MDOT				
TSC Manager		MDOT	TSC Manager			
Backup TSC Manager		MDOT				
Other Authorized Signer		MDOT				

CONSULTANT OFFICE

ROLE	NAME	COMPANY/AGENCY	TITLE	E-MAIL ADDRESS	PHONE #	E-SIGNATURE
Point of Contact						
Primary **Authorized** Signer						
Backup Primary **Authorized** Signer						
Other Authorized Signer						

LOCAL AGENCY OFFICE

ROLE	NAME	COMPANY/AGENCY	TITLE	E-MAIL ADDRESS	PHONE #	E-SIGNATURE
Point of Contact						
Primary **Authorized** Signer						
Backup Primary **Authorized** Signer						
Other Authorized Signer						
Other Authorized Signer						

CONTRACTOR OFFICE

ROLE	NAME	COMPANY/AGENCY	TITLE	E-MAIL ADDRESS	PHONE #	E-SIGNATURE
Point of Contact						
Primary **Authorized** Signer						
Backup Primary **Authorized** Signer						
Other Authorized Signer						
Other Authorized Signer						

Clear Form