

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

REFERRAL CAREER CENTER: _____

DATE SUBMITTED: _____

CLIENT NAME: _____

ID#: _____

SELECTED PROGRAM: _____

MOSES COURSE ID: _____

SELECTED VENDOR NAME: _____

TRAINING PROVIDER ID: _____

TRAINING ADDRESS: _____

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: \$ _____
Obligation: \$ _____ Books: \$ _____ (paid out of pocket)
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**