

## QAP/HiCAMS User Registration Form

The following information is required to link each Quality Assurance Program (QAP) user's NCID with the HiCAMS application. Please fill out this form completely and return it to your company's QAP Account Administrator.

### COMPANY INFORMATION

Business Name	
Business Address	
Contact Phone Number	

### USER INFORMATION

Last 4 Digits of SSN	
Last Name	
First Name	
Middle Name/Initial	
Job Title	
User ID from NCID	
Email Address Linked to NCID Account	

Supervisor's Name	
Supervisor's Title	

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*For Use by Company Account Administrator Only*

Account Administrator Name	
Administrator NCID User ID	

*I hereby confirm that I am a designated Account Administrator for the above company and do authorize the above person to have access to my company's information available via the NCDOT QAP Application. I also verify the accuracy of the above user information.*

*Signed:* \_\_\_\_\_