

Alabama Department of Transportation		<b>APPLICATION FOR CAMMS ACCESS</b>			CAMMS Forms CAM001	
Bureau of Computer Services					Revision Date: February 19, 2021	
<b>ALDOT PERSONNEL</b>						
Title	*First Name			Middle Name	*Last Name	
Suffix	Gender	Are you a Supervisor?		Worker Type	*Classification	
				ALDOT		
*Worker Title				*Employee ID #	Vehicle Inventory #	
*Email Address/Network ID						
*Region/Bureau				*Your Supervisor's Name		
Area			District	*Office		
Phone Type		Telephone Number incl. Area Code			Calling Code (country)	
*Reason CAMMS Access is Needed						

\* Indicates a required field for ALDOT personnel only

<b>Non-ALDOT PERSONNEL</b>						
Title	*First Name			Middle Name	*Last Name	
Suffix	Gender	Are you a Supervisor?		*Worker Type	*DL State	*Driver's License#
*Worker Title						
*Email Address/Network ID						
Contractor/Vendor Name and Address (if Worker Type = Contractor or Consultant)						
			County (If Worker Type =County)	City (If Worker Type = City)		
Region/Bureau				*Your Supervisor's Name		
Area			*Office			
Phone Type		Telephone Number incl. Area Code			Calling Code (country)	
*Reason CAMMS Access is Needed						

\*Indicates a required field for NON-ALDOT personnel only.

Fill out the appropriate section then click the Submit by Email button  
or email directly to [CAMMSSupport@dot.state.al.us](mailto:CAMMSSupport@dot.state.al.us).