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Alabama Department of			APPLICATION FOR			CAMMS Forms			
Transportation			CAMMS ACCESS				CAM001		
Bureau of Computer Services						Revision Date: February 19, 2021			
ALDOT PERSONNEL									
Title	*First Nam	ne			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/Burea			*Your Superviso		r's Name				
					4.25				
Area			District		*Office				
Dhana Tura	Talaulaaaa	Ni la a			Calling Code (courting)				
Phone Type			reiephone	Telephone Number incl. Area Code			Calling Code (country)		
*Decem CANANAC Access in Needed									
*Reason CAMMS Access is Needed									
* Indicates a required field for ALDOT personnel only									
Non-ALDOT PERSONNEL									
Title	*First Name		Middle Name)	*Last Name			
Suffix	Gender	ender 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)									
	Cou	nty (If Worker Type =County)		nty) City (If \	City (If Worker Type = City)				
Region/Bureau					*Your S	*Your Supervisor's Name			
				40.00	*0.00				
Area					*Office	ce			

Telephone Number incl. Area Code

Calling Code (country)

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

Phone Type

*Reason CAMMS Access is Needed

Fill out the appropriate section then click the Submit by Email button

or email directly to $\underline{CAMMSSupport@dot.state.al.us}.$