## **EBS Aviation Project Prioritization and Grant Access Authorization Form**

The new Aviation Prioritization & Grants Systems require a User ID and Password for access in the system. Complete Section 1 so that your user ID and password may be created. If you are going to perform work within the Aviation Prioritization or Grants System (i.e. submit a project for Prioritization, approve a project for Prioritization, apply for a grant, submit a claim for an approved grant, etc), you must complete Section 2 and/or 3. Please attach and email the form to your NCDOT Airport Project Manager.

At this time, we would also like to gather information for our records pertaining to Government Officials (Mayors, Airport Authority Board Members, etc.) associated with each airport. We need section 1 completed for those individuals by the designated Airport Security Coordinator. Email the form to your NCDOT Airport Project Manager.

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Red (*) = required field.	
1. Do you have access to SPOT ( Highways Prioritization ), PTD	Grants, GHSP Grants, Or Aviation Prioritization System Access for
other airports? *	
2. Would you like to remove a person's authorization to the A	viation Prioritization System for your airport? *
If yes, please provide a name or username	
The aviation prioritization System, GHSP Grants, PTD Grants and SPOT (High digit number to identify yourself to NCDOT Help Desk if needed should be	ghways Prioritization) use the same password for system access. Your secure 8 the same for all of these systems as well .
Section 1 - User ID Information/Government Official Inform	ation
First *	Last *
Agency *	
Agency Address *	
Airport Code *	Vendor Master ( NCDOT Use only )
Phone Number *	BP# (NCDOT Use only)
Email *	
Job Function *	
Airport Employee Consultant	Sponsor
Section 2 - Aviation Prioritization Role Information	
Role *	
☐ Display ( View ) ☐ Project Submit	Sponsor Approval
Secure 8 digit number *	
If you forget your password, you will need this 8 digit # to retrieve y birthday (MMDD). After your application has received security cle password to access the system. You must create a new password Note: "12345678" is not acceptable and the form will be returned.	
Section 3 - Aviation Grants Role Information	
Final approval of Application, Claims for Reimbursement and function selection. In order to have access to the EBS system, the person responsible for the role.	• .
☐ Display ( View )	
☐ Create / Save Application ( Request For Aid )	
Submit Final Application Grant	

**MAILING ADDRESS:** 

NC Department Of Transportation Aviation Division 1560 Mail Service Center, Raleigh NC, 27699-1560 Telephone: 919-814-0550 Fax: 919-840-9267 **LOCATION:** 1050 Meridian Drive, RDU Airport, NC 27623

		Version: 2.3
Create / Save Claims for Reimb	pursement	
☐ Submit Claim		
Create / Save Change Request	( Amendment / Revision ) ( Budget / Grant )	
Submit Change Request		
I certify information above is accura	ate and I am the authorized person to perform the duties listed.	
Print Name (User)*:		
Signature (User) :		
Print Name (Authorized Offical)*:		
Signature (Authorized Official) :		
	Authorized Official must coincide with what Aviation has on file.	

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