

**PENNSYLVANIA DEPARTMENT OF TRANSPORTATION  
ENGINEERING SOFTWARE UPDATE REQUEST**

Use this form to request an updated version of the Pennsylvania Department of Transportation's Engineering Software. Please provide all requested information below so that the Department can update its software license database. **Please include payment of the appropriate update fee including 6% PA Sales Tax (if applicable). The sales tax does not apply to out-of-state organizations as long as both the Mailing Address and the Site License Address are outside of Pennsylvania.** Update fees can be found clicking the program name on the Ordering/Updating page of our support website (<http://penndot.engrprograms.com/home/Ordering/Ordering.htm>). Payment of update fee can only be made by check. Please make checks payable to "Pennsylvania Department of Transportation".

Date of Request: \_\_\_\_\_ License No.: \_\_\_\_\_

Program Name: \_\_\_\_\_

Updating from Version: \_\_\_\_\_ Update Fee: \_\_\_\_\_

Version Requested: \_\_\_\_\_ 6% PA Sales Tax: \_\_\_\_\_

Tax-Exempt Organization. PA Exemption Certificate (Form REV-1220) required.

Non-PA Organization. Both Mailing and Site Addresses must be outside PA.

**Total Payment Enclosed: \$** \_\_\_\_\_

Company/Agency: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

e-mail: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Change of Contact Person

Mailing Address

Site Address (If different from mailing address)

Address of office where the software will be installed and used.

Change of Mailing Address

Change of Site Address

Special Instructions:

Send request form and payment to:

**US Postal Service Address**

Pennsylvania Department of Transportation  
OA-Bureau of Solutions Management  
Highway Applications Division  
P.O. Box 8213  
Harrisburg, PA 17105-8213  
Tel: (717) 783-8829  
Fax: (717) 705-5529

**Overnight Mail Address**

Pennsylvania Department of Transportation  
OA-Bureau of Solutions Management  
Highway Applications Division  
Commonwealth Keystone Building, 5th Floor  
400 North Street  
Harrisburg, PA 17120-0041

TO BE COMPLETED BY PENNDOT

Date Received: \_\_\_\_\_ by: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Date Logged: \_\_\_\_\_ by: \_\_\_\_\_ Check #: \_\_\_\_\_

Date Sent: \_\_\_\_\_ by: \_\_\_\_\_