

NMDOT Functional Classification Change Request Form

Requestor: (MPO/RTPO staff)	Name:	
	Title/Organization:	
	Email:	Phone:
NMDOT Route Name: (see online FSys map)		
Street Name: (provide all known names)		
Segment Classification:	Current:	
	Proposed:	
Route Description: (entire route)		
Termini of Route Segment: (intersection and/or mile marker)	From:	To:
Length of Segment:		
Reason for requested change: (traffic patterns, adjacent land uses, connecting roadway network, etc.)		
Characteristics:	Land Use Along Route:	Characteristics of Traffic Served:
	Ownership:	Maintenance:
Ownership and Maintenance: (responsible entity)		
Traffic Volume:	AADT:	AADT Year:
Signature¹:		Date:

¹ By signing this form, I acknowledge that I have read and understand the New Mexico Department of Transportation Functional System Guide and the FHWA Functional Classification Manual. I also acknowledge that submittal of this form does not guarantee approval from NMDOT or FHWA.