



NATIONAL HIGHWAY SYSTEM CHANGE REQUEST FORM

PLEASE INDICATE: ITD District Request Local Agency Request (MPO/LHTAC/Highway District/County/City)

This form has been developed for use in all requests for Idaho's National Highway System (NHS) changes/modifications. One form must be completed and submitted for each change. However, if multiple changes are requested a form must be completed and submitted per jurisdiction, providing a list of each proposed route with the below criteria included.

AGENCY CONTACT INFORMATION

Agency Name:	Application Date:
Contact Person and E-mail Address:	Telephone Number:
Agency Address:	
<p>Is this NHS change request completely within or partially within an Urbanized Area?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes – If yes, concurrence from the MPO is required. Please complete the following information.</p> <p>Please indicate the name of the metropolitan planning organization (MPO):</p>	
MPO Contact Person and E-mail Address:	Telephone Number:
MPO Address:	
<p>Does requested NHS change extend into another jurisdiction?</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes – If yes, a concurrence letter or resolution is required from the other jurisdiction.</p> <p>Please indicate the name of the other jurisdiction:</p>	

ROUTE DESCRIPTION

Local Name of Route:	Route Number:
Route Description:	
Termini of Route (Milepost (MP) – if available)	Length (miles):
From MP: To MP:	
Existing Federal Functional Classification (choose only one): <input type="checkbox"/> Interstate <input type="checkbox"/> Principal Arterial <input type="checkbox"/> Minor Arterial <input type="checkbox"/> Major Collector <input type="checkbox"/> Minor Collector <input type="checkbox"/> Local Road	Proposed Federal Functional Classification (choose only one): <input type="checkbox"/> Interstate <input type="checkbox"/> Principal Arterial <input type="checkbox"/> Minor Arterial <input type="checkbox"/> Major Collector <input type="checkbox"/> Minor Collector <input type="checkbox"/> Local Road



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REMARKS

Written Description of route *(general characteristics including alignment, speed limit and how it relates to the surrounding area in terms of importance):*

A brief description why the proposed change is requested and justification for the change:

Additional remarks to fully explain the change request:

IDAHO CHANGE REQUEST SUBMITTAL CHECKLIST *(include with this request form):*

- Change Request Form
- Vicinity Map showing the existing route and proposed changes
- Original letter of recommended approval from Mayor, Chairman of the Board or other official responsible for the agency or a City/County Resolution adopted. If the request crosses jurisdictional boundaries, a letter of recommendation or City/County Resolution is required from all agencies which have authority over the road.
- Proof of Public Hearing *(if one was held)*
- MPO concurrence letter *(if within a Metropolitan Area)* or LHTAC concurrence letter
- Traffic Data *(This includes collection methodology, number of hours counted, days of weeks, and AADT by direction, and raw data [when available])*
- Facility Type *(1-way or 2-way road)*
- Number of Through Lanes *(by direction)*

Submit all of the above to the Idaho Transportation Department District in your area. If you have questions or need additional information, you may e-mail Maranda.Obray@itd.idaho.gov.



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For ITD District Use Only:

ITD District <input type="checkbox"/> D1 <input type="checkbox"/> D2 <input type="checkbox"/> D3 <input type="checkbox"/> D4 <input type="checkbox"/> D5 <input type="checkbox"/> D6	Application Received:
District Contact Person and E-mail Address:	Telephone Number:
District Application Recommendation to Planning Services: <input type="checkbox"/> Approve request because: <input type="checkbox"/> Deny request because:	

For ITD Planning Services Use Only:

ITD Recommendation to FHWA: <input type="checkbox"/> Approve request because: <input type="checkbox"/> Deny request because:



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IMPORTANT CONTACT INFORMATION		
CONTACT	OFFICE NUMBER	FAX NUMBER
Local Highway Technical Assistance Council (LHTAC)	(208) 344-0565	(208) 344-0789
ITD HQ Planning Services	(208) 334-8483	(208) 334-4432
ITD District One	(208) 772-1200	(208) 772-1203
ITD District Two	(208) 799-5090	(208) 799-4301
ITD District Three	(208) 334-8300	(208) 334-8917
ITD District Four	(208) 886-7800	(208) 886-7895
ITD District Five	(208) 239-3300	(208) 239-3367
ITD District Six	(208) 745-7781	(208) 745-8735
Bannock Transportation Planning Org. (BTPO)	(208) 233-9322	(866) 230-4709
Bonneville Metropolitan Planning Org. (BMPO)	(208) 612-8530	N/A
Community Planning Association of Southwest Idaho (COMPASS)	(208) 855-2558	(208) 855-2559
Kootenai Metropolitan Planning Org. (KMPO)	(208) 930-4164	N/A
Lewis-Clark Valley Metropolitan Planning Org. (LCVMPO)	(208) 298-1345	(208) 298-1339

