**APPENDIX C**

**ITS Architecture Change Request Form**

Instructions for submitting form:

Agency representative requesting changes to the Statewide, Regional or Project ITS Architectures must submit completed form electronically to: FDOT District TSM&O Program Engineer, and FDOT Central Office TSM&O Program ITS Coordinator (sysandarch@dot.state.fl.us).

|  |  |
| --- | --- |
| Financial Project ID (if available): | Agency: |
| Agency contact’s name, phone and e-mail: | |
| Title of proposed change(s): | |
| Detailed description of proposed change(s): | |
| Rationale for proposed change(s): | |
| Additional stakeholder(s) impacted by proposed change(s) (if any): | |
| Comments or additional information (if needed): | |
| List of attachments: | |