

North Carolina Department of Transportation
Transportation Mobility and Safety Division

Route Change Request Form

This form shall be completed for all route number change requests affecting Interstates and Primary (US and NC) routes and submitted to the Staff Engineer of the Transportation Mobility and Safety Division (TMSD). A map (or maps) shall also be attached indicating the affected counties and routes.

Route Number/s: _____

County/s: _____

Division/s: _____ TIP Project/s: _____

General description of request (starting/ending points, etc.):

Reason/Justification for this route change:

Requestor Name: _____ Date: _____

Requestor Signature: _____

State Traffic Engineer (initial approval): _____ Date: _____

Attachments: Map/s

cc: Ordinance Program Coordinator