

**STATE OF NEW HAMPSHIRE DEPARTMENT OF TRANSPORTATION
REQUEST FOR
PROJECT AUTHORIZATION**

(PLEASE DO NOT USE THE ENTER KEY. USE TAB AND/OR ARROW KEYS ONLY)

STATE NO.: _____

MAP ATTACHED

PROJECT NAME: _____

ORIGINAL PROJECT SLIP DATE: _____

REVISION DATE: _____

REQUESTED BY: _____

BUREAU: _____

PROJECT INITIATED BY: _____

PROJECT TYPE: FEDERAL AID NON-FEDERAL AID PROJECT DEVELOPMENT
 FORCE ACCOUNT or CONTRACT MUNICIPAL MANAGED

APPROX. ADVERTISE DATE: _____

APPROX. COMPLETION DATE: _____

DISTRICT: 1 2 3 4 5 6 O T

ORGANIZATION CODE: _____ - _____ - _____
 _____ - _____ - _____

DOES THIS PROJECT ENCOMPASS ANY BRIDGES? _____

HOW MANY: _____

FED./OTHER NO.: _____

PROGRAM: _____

W/C <100 100 PE 200 CONST 300 ROW 400
 SERIES 500 600 700 800 PW & ADMIN 900

Please see the WCC document at <http://dotweb/officeessentials/workclasscodes/pdf/newcodeslist.pdf> for more information on the definition of work class codes and series. All work class series that are appropriate for the project must be chosen at this time.

DESCRIPTION IN ORDER BY: ROUTE NUMBER, LOCATION, AND NATURE OF WORK

REVISION REMARKS: _____

APPROVED BY: _____
 (Bureau Head)

LEAD PERSON: _____

PROJECT ESTIMATE MATRIX TOTAL:

	Year	PE \$\$		Year	ROW \$\$		Year	CONST \$\$
FY			FY			FY		
FY			FY			FY		
FY			FY			FY		
FY			FY			FY		
FY			FY			FY		
	Total	\$0.00		Total	\$0.00		Total	\$0.00

GRAND TOTAL: \$0.00

REASON FOR PROJECT: (FIRST EVENT ON PROJECT EVENT HISTORY SCREEN)
