**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 TSM&O Program State ITS Software Engineer ([sysandarch@dot.state.fl.us](mailto:sysandarch@dot.state.fl.us)).

**Financial Project ID (If Available):**

**Agency:**

**Agency contact’s name, phone and e-mail:**

|  |
| --- |
|  |

**Affected architecture:**  Statewide  District 1  District 2  District 3  Districts 4 & 6  District 5  District 7  Florida’s Turnpike Enterprise

**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:**

|  |
| --- |
|  |