**Training & Technical Assistance Application**

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| State: Click here to enter text.  State Point of Contact  Name: Click here to enter text.  Phone: Click here to enter text.  Email: Click here to enter text. |  | Date: Click here to enter a date.  NHTSA Regional Program Manager  Name: Click here to enter text.  Phone: Click here to enter text.  Email: Click here to enter text. |

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| Please select the type of program requested:   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | CDIP w/ MMUCC mapping |  | MMUCC Mapping *only* |  | Technical Assistance |  | Training | |

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| RPM Tracking  Date of receipt: Click here to enter a date.  Priority? **Yes**  No  **RPM Recommendation on page two** |  | TR Team Tracking  Date of receipt: Click here to enter a date.  Priority? **Yes**  No  Notes: **Click here to enter text.** |

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| For technical assistance requests, please provide a narrative addressing the following:   * Describe the specific technical issue the State wishes to address. * Describe the specific technical assistance the State requires. * Describe the desired outcome of this technical assistance. * Provide the details of the State officials that will work with the Go Team on this issue. * Describe in detail the specific actions the State has already taken to address this issue? * Describe how a GO Team for this issue supports the State TRCC’s Strategic Plan? * Describe how will this technical assistance improve the performance of the State’s traffic records data systems? |  | For training requests, please provide a narrative addressing the following:   * Describe the specific training needs. * Describe any previous training or experience related to this subject has the State received. * Who are the participants that will take this training and what are their backgrounds? * Does the State have an appropriate training facility available? * Provide the details of the person from the State that will coordinate the administrative aspects of this training (if different from the above designated State Point of Contact)? * Describe how this training will support the State TRCCs strategic plan. * Describe how this training will improve the performance of the State’s traffic records data systems. |

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| State Narrative:  *Box will expand with text*  Click here to enter text. |

**RPM Comments and Recommendation:**

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| RPM Narrative:  *Box will expand with text*  Click here to enter text. |

**TR Team Review**

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| TR Team Narrative:  *Box will expand with text*  Click here to enter text. |