

Department of Transportation & Public Facilities Alaska Highway Safety Office **3132 Channel Drive, Suite 200** PO Box 112500 Juneau, AK 99811-2500 (907) 465-8532 (907) 465-4030 (fax) HighwaySafetyOffice@alaska.gov www.dot.alaska.gov/ahso

Application Process and Criteria for Form Development in TraCS

Application Process:

1. Submit this form <u>and</u> a PDF of the authoritative form to be included in TraCS, to the Chair of the TraCS Steering committee via mail:

C/O TraCS Steering Committee Recording Secretary Alaska Highway Safety Office, DOT&PF PO Box 112500 Juneau, AK 99811-2500

- 2. The application will be placed on a TraCS Steering Committee agenda for review, discussion, and vote. The committee may request additional information from the applicant agency.
- 3. The Chair of the TraCS Steering Committee will notify the applicant agency of the committee's decision.
- 4. If approved, the form will be forwarded to the Department of Public Safety to be added to the form development list.

Criteria for Form Development in TraCS:

Please address criteria 1-6 below in the applicant narrative section of this application form:

- 1. You must confirm that the form is uniform statewide.
- 2. You must submit the <u>final</u> version of the form. Any update to a form once it has been accepted for development will require a new application and will be placed in order of priority on the ongoing development list.
- 3. List all affected stakeholders and how they use this form. The form may be "owned" by your agency but it may also be used by multiple agencies, thus necessitating stakeholder identification and involvement in the development process, as appropriate.
- 4. Identify the project manager/contact person who will be the person responsible for this form and will serve as the point of contact for development.
- 5. Identify who is responsible for completing this form and all system(s) that subscribe(s) to the information collected.
- 6. Identify any resources needed and/or available for the development of the form.

TraCS Form Development Request

| Agency Name And Address: | | | Form Title: | | |
|--------------------------|-----|-----------------|----------------------|------------------------|--|
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| | | | | | |
| | | Date Submitted: | | | |
| Project Manager/Contact: | | | Is this a Current or | Future Form? Phone: | |
| | | | | | |
| Title: E- | | E-m | -mail: | | |
| Form Attached? | Yes | No | 10 | | |

Applicant Narrative: Please use this space to address the criteria listed on page 1 of this form.