FUNCTIONAL CLASSIFICATION CHANGE REQUEST FORM

(rev 07/2021)

Date Request Initiated: _____

Local Government Requesting Change: _____

Instructions: Complete the following information for each roadway segment that requires a change in functional classification. Use additional sheets as necessary.

#	Description of Road Segment		Reason for Change
1	Road No. & Termini:		
	Mileage:		
	Current FC:	State Proj # (if applicable):	
	Proposed FC:	Circle one: Proposed Rd/Existing Rd	
2	Road No. & Termini:		
	Mileage:		
	Current FC:	State Proj # (if applicable):	
	Proposed FC:	Circle one: Proposed Rd/Existing Rd	
3	Road No. & Termini:		
	Mileage:		
	Current FC:	State Proj # (if applicable):	
	Proposed FC:	Circle one: Proposed Rd/Existing Rd	
4	Road No. & Termini:		
	Mileage:		
	Current FC:	State Proj # (if applicable):	
	Proposed FC:	Circle one: Proposed Rd/Existing Rd	
5	Road No. & Termini:		
	Mileage:		
	Current FC:	State Proj # (if applicable):	
	Proposed FC:	Circle one: Proposed Rd/Existing Rd	
6	Road No. & Termini:		
	Mileage:		
	Current FC:	State Proj # (if applicable):	
	Proposed FC:	Circle one: Proposed Rd/Existing Rd	
7	Road No. & Termini:		
	Mileage:		
	Current FC:	State Proj # (if applicable):	
	Proposed FC:	Circle one: Proposed Rd/Existing Rd	
8	Road No. & Termini:		
	Mileage:		
	Current FC:	State Proj # (if applicable):	

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Proposed FC:

Summary of Requested Changes:

For each request, summarize the change in functional classification mileage. Include miles added and miles deleted for each affected classification type.

Request #	Principal	Major	Minor	Local
	Arterial	Collector	Collector	Road
1				
2				
3				
4				
5				
6				
7				
8				
Total				

Describe the impact of these changes on functional classification percentages in the jurisdiction and the plan for maintaining balance.

City/County Engineer Signature	Date			
RDC/MPO Board Review Signatures	Date			
NDC/MFO Board Neview Signatures	Date			
District Planner/District State Aid Engineer	Date			
Next Steps for MnDOT District:				
1. Scan Signed Document to PDF format				
2. Email PDF file to:				
* City/County and RDC/MPO who initiated the request and any others as appropriate				
* MnDOT State Aid Contact (As of July 2021, Kim DeLaRosa, State Aid, Kimberlie.delarosa@state.mn.us)				
* MnDOT Functional Class Change Contact (As of July 2021, Anna Pierce, OTSM, anna.m.pierce@state.mn.us)				
A copy of the map showing the Change in Functional Classification should be attached to the email.				