

FUNCTIONAL CLASSIFICATION CHANGE REQUEST FORM

(rev 02/2024)

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
Road Name/No. & Termini: Mileage: Current FC: State Proj # (if applicable): Proposed FC: Circle one: Proposed Rd/Existing Rd	

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

City/County Engineer Signature	Date
RDC/MPO Board Review 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 February 2024, Erika Shepard, OTSM, erika.shepard@state.mn.us) A copy of the map showing the Change in Functional Classification should be attached to the email.	