

DIVISION OF LOCAL ASSISTANCE “LOCODE REQUEST FORM”

Please assign a LOCODE for the following agency (before implementing its project).

Agency Name: _____

Agency Mailing Address: _____

Attention Person (if any) and Title: _____

Agency Phone Number: _____

Local Agency Employee in Responsible Charge:

- Name: _____

- Title: _____

- Email Address: _____

Caltrans' District: _____ County Name: _____

State Assembly District No: _____ State Senate District No: _____ Congressional District No: _____

RTPA within its jurisdiction (if applicable): _____

MPO within its jurisdiction (if applicable): _____

Urban Area (if applicable): _____

Air Basin: _____

DLAE/Caltrans District Local Assistance information

Requested by (Local Assistance point of contact): _____

DLAE has completed steps 2 and 3 of request instructions: Yes No

Comments (Funds or programs agency is interested in): _____

District Signature (concurrence of the request): _____

Date: _____ Phone No.: _____

E-Mail Address: _____

DLAE: Send completed LOCODE Request Form to:

Locode.requests@dot.ca.gov