

New Jersey ITS Architecture Program

Change Request (CR) Form

Originator Name:		Date Submitted
Originator Telephone:	Originator Fax:	Originator E-Mail:
Originator Agency:		Architecture: ___ Statewide ___ NJTPA ___ SJTPO
Agency Authorized Signature:		Signature Date:

Description of Proposed Change:		
Rationale for Proposed Change:		
Affected Agency:	Authorized Signature:	Signature Date:
Affected Agency:	Authorized Signature:	Signature Date:
List Attachments:		
Baseline Documents Affected:		
___ Website ___ Turbo Architecture ___ Customized MPs ___ Document ___ Other (describe)		

To Be Completed By Maintenance Manager		
Change Request Number:	Date CR Received:	Date CR Logged:
Date Initially Discussed:	Disposition: <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> More Info	Disposition Comments
Date Discussed:	Disposition: <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> More Info	Disposition Comments
Date Discussed:	Disposition: <input type="checkbox"/> Accepted <input type="checkbox"/> Rejected <input type="checkbox"/> More Info	Disposition Comments
Date of Board Approval (If Applicable):		
Baseline Documents Affected/Version implemented		
<input type="checkbox"/> Turbo Architecture	Date: _____	Version: _____
<input type="checkbox"/> Website	Date: _____	Version: _____
<input type="checkbox"/> Customized MPs	Date: _____	Version: _____
<input type="checkbox"/> _____	Date: _____	Version: _____