**NHTSA GO TEAMS: APPLICATION**

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| State: Click here to enter text. |  | Date: Click here to enter text. |
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| State Point of Contact:Name: Click here to enter text.Phone: Click here to enter text.Email: Click here to enter text. |  | NHTSA Regional Program ManagerName: Click here to enter text.Phone: Click here to enter text.Email: Click here to enter text. |
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| Please select the type of GO Team requested: Technical Assistance [ ]  Training [ ]  |
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| For technical assistance requests, please provide a narrative addressing the following:* What is the technical issue the State wishes to address?
* What is the specific technical assistance the State requires?
* What is the desired outcome of this technical assistance?
* Who are the State officials that will work with the GO Team on this issue?
* What actions, if any, has the State already taken to address this issue?
* How would a GO Team for this issue relate to the State TRCC’s strategic plan?
* How will this technical assistance improve the performance of the State’s traffic records data systems?
 |  | For training requests, please provide a narrative addressing the following:* What is the learning need?
* What, if any, previous training or experience related to this subject has the State received?
* Who are the participants that will take this training and what are their backgrounds?
* Does the State have an appropriate training facility available?
* Who will coordinate the administrative aspects of this training (if different from the above designated State Point of Contact)?
* How does this training support the State TRCC’s strategic plan?
* How will this training improve the performance of the State’s traffic records data systems?
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| Narrative:Click here to enter text. |
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| Tracking |  |  |
| RPM receipt: Click here to enter text.Notes: Click here to enter text. |  | TR Team receipt: Click here to enter text.Notes: Click here to enter text. |