**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 Manager  Name: 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. |