

COLORADO DEPARTMENT OF TRANSPORTATION POLICY AND PROCEDURAL DIRECTIVE CHECKLIST	Directive # _____
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Date: _____	Date to return to Office of Policy: _____
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Directive title: _____

Directive type: <input type="checkbox"/> Strategic Policy <input type="checkbox"/> Operational Policy <input type="checkbox"/> Procedural	Draft type: <input type="checkbox"/> New Directive <input type="checkbox"/> Revised Directive
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Originating office: _____

Contact person: _____	Phone: _____
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Comments: (The general purpose of the directive is as follows)

OFFICES REQUIRED TO REVIEW:

- ___ Executive Director
- ___ Chief Engineer's Office
- ___ Division of Human Resources & Administration
- ___ Division of Transportation Development
- ___ Office of Policy
- ___ Office of Financial Management and Budget
- ___ Attorney General

OFFICES REQUESTED TO COMMENT:

- ___ Division of Aeronautics
- ___ Audit
- ___ Management Council
- ___ Office of Public and Intergovernmental Relations
- ___ Office of Transportation Safety
- ___ Transportation Regions
 - ___ Region 1 _____
 - ___ Region 2 _____
 - ___ Region 3 _____
 - ___ Region 4 _____
 - ___ Region 5 _____
 - ___ Region 6 _____
- ___ Other _____
- ___ Other _____
- ___ Other _____

EXTERNAL REVIEW:

- ___ Federal Agencies _____
- ___ State Agencies _____
- ___ Local Governments _____
- ___ Statewide Transportation Advisory Committee (STAC) _____
- ___ Other _____

REVIEWER:

INSTRUCTIONS: Please review and provide any comments you may have on how this directive may impact your operations. Please suggest modifications to address your concerns.

- Reviewed and no comments
 Reviewed with comments
 Not applicable

Reviewer signature: _____	Date _____
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