Instructions for completing form:

Proposed Revision to the Encroachment Permits Manual

Complete and submit this form electronically to HQEP@dot.ca.gov.

		District\Division\Unit\Company	Phone Number	
		Caltrans District or Division, or external company	XXX-XXX-XXXX	
		Name, Title	Date	
	By:	*		
1.	Proposed	Name of reviewer, their Title	Date mailed	

2. Check One:

	Error correction notification	Check this box if the revision is not a policy,
proc	ess, or substantial change	. Examples include grammatical, typographical
or in	ncorrect references, etc.	

□ Proposed revision notification *Check this box if the proposed revision is a policy, process, or substantial change. Examples include a change in complete application package requirements, insurance amounts, or processes.*

Attach any authorizing documents (e.g., signed memorandum, Deputy Directive, etc.) supporting the proposed revision to the Encroachment Permits Manual.

- 3. Reason for proposed revision: Provide background and justification for the proposed revision. Is the change needed because of policy change, the current version is unclear, an innovative process, etc. Is there an external agency or industry change prompting the revision? Provide enough background information to describe the problem being solved and the process used to determine the proposed change. How does the proposed change affect Caltrans' mission, vision, and goals? Will it improve a performance gap, improve efficiency, increase accountability? Include names and titles of reviewers and the decisions made.
- **4. Chapter/Section/Table affected by proposed revision:** Provide the chapter, section, page number, figure or table number, or any reference that will identify the location in the manual of the proposed revision. Identify if references will need to be modified.