REQUEST FOR RESEARCH FORM
Problem No.:_____
(assigned by Bureau of Research)

NEW JERSEY DEPARTMENT OF TRANSPORTATION
BUREAU OF RESEARCH
"Turning Problems into Solutions"

TO: Bureau of Research

Today's Date	
Submitted By	
Email Address	
Subject/Title of Research	
Division/Bureau	
Contact Person	
Contact Person's Phone #	
Problem Statement/Need	
Estimated Time for Results (weeks/months/years)	
Potential Yearly Cost Savings (if applicable)	
Request Approved By (manager title or above)	
Mailing Address for Hard Copy Submission	Bureau of Research, NJDOT ATTN: Problem Statement/Research Need PO Box 600 1035 Parkway Avenue Trenton, NJ 08625-0600