MDOT

MARYLAND DEPARTMENT OF TRANSPORTATION

STATE HIGHWAY ADMINISTRATION

Larry Hogan
Governor

Boyd K. Rutherford
Lt. Governor

Pete K. Rahn
Secretary

Gregory Slater
Administrator

TFAD Traffic Model Request Form

Firm/Organization:	Enter your Firm/Organization
Requested By:	Enter a Name
Address (Street):	Enter an Address.
City/State/Zip:	Enter City/State/Zip.
Phone:	Enter your Phone Number
Email:	Enter your Email.
Road Name:	Enter the Road Name.
Project Limits:	Enter the Project Limits.
Year(s):	Enter the years for the Model.
Purpose/Use of Requested Data:	Provide the purpose and how the model will be used.

I understand and agree to the following terms related to the use of the requested data:

Forecast and operational model files prepared by the Maryland Department of Transportation State Highway Administration (MDOT SHA) Travel Forecasting and Analysis Division (TFAD), including the associated input and output files, were developed for use by MDOT SHA exclusively. MDOT SHA makes no claims, promises, or guarantees about the accuracy, completeness, or adequacy of the results of this model and expressly disclaims liability for any errors and omissions in the contents of this analysis tool. Any and all data/model outputs are provided "as is" with the understanding that no warranty of any kind, whether implied, expressed or statutory, is given with respect to the content of this analysis tool. Any and all conclusions or results derived from this analysis tool are the sole responsibility of the user.

MDOT SHA welcomes verifiable modifications necessary to enhance the integrity of the models. However, we require that any subsequent modifications made to the model files be communicated to and re-verified by TFAD to ascertain their operational validity on any State of Maryland roadway projects. The requested data is released by MDOT SHA with the condition that it shall only be used for the specific project and purposes as stated in this form.

Requester Initials _____   Date _____

Please submit this form to: Ms. Lisa Shemer at lshemer@sha.state.md.us

Name:	Click here to enter text.	Transmittal Date:	Click here to enter a date.
Model Provided:	Click here to enter text.	Date of Model:	Click here to enter a date.