**Request for NJDOT STIC Ideas**

*(Proven Market Ready Ideas ONLY)*

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| --- | --- |
| CONTACT INFORMATION | |
| Name: | Organization/Unit: |
| Email Address: | Phone Number: |
| STIC IDEA TITLE: | |
| PROBLEM STATEMENT: | |
|  | |
| ANTICIPATED BENEFITS: | |
|  | |

* **Send this completed form to**

**Research.Bureau@dot.nj.gov**

* **The subject of the Email should be STIC Idea**