

Asset ID Request Form

SECTION 1: CONTACT INFORMATION

Name of Person Requesting Data:	
Requestor's Email:	
Requestor's Phone:	
Requestor's Company: (enter SCDOT if in-house request)	
Date of Request:	

SECTION 2: REQUEST ASSET ID NUMBER								
(2) DISTRICT:			(3) COUNTY:					
PROJECT NUMBER:			DATE OF PRELIMINARY PLANS:					
OLD ASSET ID(S):								
LOCATION: (Town, Municipality, Distance from known Town/Landmark)								
FACILITY CARRIED: (What the bridge carries)								
FEATURE(S) INTERSECTED: (What the bridge spans over)								
Feature(s) Intersected and Facility Carrie in the Bridge Inspection Guidance Docur	•	tandardized namii	ng guidance. See t	he appendix "Codi	ing Guide for NBI Iter	ms 06 and 07″		
TRAFFIC STATUS*: (Old structure to be replaced)								
TRAFFIC STATUS: (New or replacement structure)								
BRIDGE COORDINATES:								
LATITUDE:		degrees		minutes		seconds		
LONGITUDE:		degrees		minutes		seconds		

*Select "N/A - No existing structure being replaced" if requested structure is not a replacement project.

SECTION 3: SCDOT ROAD DATA SERVICES RESPONSE (will contact reauester for additional information, if needed)					