Statement No.

## Arkansas State Highway and Transportation Department Transportation Research Committee

**RESEARCH PROBLEM STATEMENT** 

DATE:	PROJECT AREA:	
TITLE:		
PROBLEM STATEMENT:		
OBJECTIVES:		
FORM OF RESEARCH IMPLEMENTATION:		
REVIEWER:		Estimated Project Duration:
PREPARED BY:		
AGENCY:		
PHONE:		
Standing Subcommittee Ranking	Advisory Council Ranking	Statement Combined with Statement Number(s)