



Project Information

Route	County	Job Number	District	Date of Survey
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Mapping Data Acquisition

- ☐ Conventional ☐ Terrestrial (Static) LiDAR
☐ Photogrammetry ☐ UAV
☐ Aerial LiDAR ☐ Other (explain)
☐ Mobile LiDAR

Explanation

Project Control Metadata

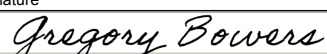
Horizontal Control Reference Source	Adjustment Date	Epoch Date	Horizontal Datum	Coordinate System	State	Zone
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Grid Factor	Method of Projection Calculation	Projection Factor	Vertical Control Reference	Vertical Datum	Geoid Model	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	GEOID 18

Geodetic Control Reference Information

Designation	CORS_ID	PID	Type of Control	Adjustment Date	Epoch Date		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Latitude (N)	Longitude (W)	Northing (m)	Easting (m)	Ellip. Ht (m)	Geoid Ht (m)	Ortho. Ht (m)	Grid Factor
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Designation	CORS_ID	PID	Type of Control	Adjustment Date	Epoch Date		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Professional Land Surveyor

Professional Land Surveyor	Title	License Number	State	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MoDOT District or Company Name	Address	City	Zip Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Signature	Date			
	<input type="text"/>			