



ARKANSAS DEPARTMENT OF TRANSPORTATION

ARDOT.gov | IDriveArkansas.com | Scott E. Bennett, P.E., Director

10324 Interstate 30 | P.O. Box 2261 | Little Rock, AR 72203-2261

Phone: 501.569.2000 | Voice/TTY 711 | Fax: 501.569.2400

Dear Sir/Madam

RE: Billboard Sign Control Program

Enclosed is an application for a State Permit and our regulation booklet. Please review the regulations and if the sign complies, submit a signed, completed application and W9 with the following:

- Enclose a copy of lease or the attached property owner permission statement for the erection and/or maintenance of this sign.
- Enclose a diagram or satellite image of the proposed sign location in relation to intersecting routes (include direction of travel and measurements).
- If the property is zoned, enclose a letter from the Zoning Authority stating the zoning classification.
- If the property requires a building or sign permit, enclose a copy of the permit dated within 30 days of the application date.
- Enclose a check or money order made payable to the Arkansas Department of Transportation, in the amount of \$40.00.

Please submit your application within thirty (30) days, or return this letter with your signature at the bottom indicating that the sign has been removed. Please call (501) 569-2088, or write, if we may be of service.

Sincerely,

A handwritten signature in black ink that reads 'Jeff Ingram'.

Jeff Ingram
Area Beautification Coordinator
Beautification Section
Right of Way Division



ARKANSAS DEPARTMENT OF TRANSPORTATION

Billboard Sign Control Program

Application

Application is hereby made for a Permit to erect and/or maintain an advertising sign in accordance with the provisions of Act 640 of the 1967 Arkansas Legislature and in accordance with the rules and regulation established thereunder by the State Highway Commission.

-For Official Use Only- Application No. Permit No. Decal No. County

PLEASE PRINT OR TYPE

Name of Business/Facility Phone Name of Applicant/Owner/Manager Email Address Business Mailing Address City State Zip Code

PURPOSE OF APPLICATION

Form with checkboxes for New Construction, Existing Sign, Add Illumination, Re-erect Existing Sign, Enlarge Existing Sign, and Other.

SIGN LOCATION DATA

Highway County Nearest City/Town Geographical Location (Decimal Degrees): Latitude Longitude Side of Highway (N, S, E, W) Number of Intersecting State or U.S. Highway Direction from Intersecting Highway (N, S, E, W) Distance from Intersecting Highway (Miles/Tenths)

Name of Landowner Mailing Address City State Zip Phone

DESCRIPTION OF SIGN

Facing: Height Width Lighting: Arrangement of Facing: Number of Support Poles: Support Pole Material:

APPLICANT CONTINUE TO PAGE 2

-FOR OFFICIAL USE ONLY-

Highway Section Log Mile County Inspector Date Inspected Date Approved Date Denied Permit No. Application No. Check No. Check Amount Installation Fee Annual Maint. Fee



ARKANSAS DEPARTMENT OF TRANSPORTATION

Billboard Sign Control Program

Application

ZONING AND LAND USE OF SIGN LOCATION

Is the location within the corporate limits of a city or town? Yes No
 How is the location legally zoned? Commercial Industrial Residential Other _____
 Is City Building Permit or Sign Permit required? Yes No
 Is the location within 600 feet of any business? Yes No If yes, business name _____

ATTACH WRITTEN VERIFICATION OF ZONING AND A COPY OF CITY BUILDING OR SIGN PERMIT

ON-CALL CONTACT PERSON

 Name of Contact Person Title

 Office Phone Cell Phone

REQUIRED ATTACHMENTS

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Please submit application to the Arkansas Department of Transportation, Right of Way Division, P.O. Box 2261, Little Rock, AR 72203.

CERTIFICATION

I certify that I have the authority to sign this application and the statements made herein are true and correct. I certify that this sign will not encroach, in any manner, on state highway right-of-way and that it will be removed at no expense to the Department if it is found to be an encroachment on state highway right-of-way. I certify that this sign will comply with all city and/or state ordinances.

I further understand that any falsification or misrepresentation of the statements in this application may result in the denial of the application or the revocation of my permit.

 Applicant Name (Please Print): Title

 Applicant Signature: Date:

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ▶ _____	<input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
				-			-		
or									
Employer identification number									
				-					

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

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Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



ARKANSAS DEPARTMENT OF TRANSPORTATION
Billboard Sign Control Program
Property Owner Permission Statement

To the Arkansas Department of Transportation:

HAS MY PERMISSION TO ERECT AND/OR MAINTAIN

(Sign Owner)

A SIGN ON MY PROPERTY ADJACENT TO HIGHWAY _____ IN _____

COUNTY NEAR _____ .

(City or Town)

Name of Property Owner (Please Print)

Email Address

Property Owner Mailing Address

City

State

Zip Code

Property Owner Signature

Date

NOTE: Must be signed and dated within 30 days of the application date. A written lease agreement between the sign owner and the property owner may be substituted for this statement if dated within 30 days of the application date.