



ARKANSAS DEPARTMENT OF TRANSPORTATION

ARDOT.gov | IDriveArkansas.com | Lorie H. Tudor, 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

RE: Billboard Sign Control Program

Dear Sir/Madam:

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 the property owner permission statement for the erection and/or maintenance of this sign within 30 days of the application date.
- 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 to:

***Arkansas Department of Transportation
Right of Way Division - Beautification
Section P. O. Box 2261
Little Rock, Arkansas 72203***

If you have any questions, please call our office at **(501) 569-2088**.

William Reynolds
Section Head
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	_____
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

New Construction (How is location marked? Stake, flag, etc.?) _____

Existing Sign, Old Permit No. _____

Add Illumination to Existing Sign Re-erect Existing Sign

Enlarge Existing Sign Other _____

SIGN LOCATION DATA

Highway _____ County _____ Nearest City/Town _____

Geographical Location (*in Decimal Degrees*): Latitude _____ Longitude _____

Side of Highway (N, S, E, W) _____ Intersecting State or U.S. Highway Number _____

Direction from Intersecting Highway (N, S, E, W) _____

Distance from Intersecting Highway (Miles/Tenths) _____

Name of Landowner _____		Mailing Address _____	
City _____	State _____	Zip Code _____	Phone _____

DESCRIPTION OF SIGN

Facing: Height _____ Width _____	Lighting: <input type="checkbox"/> Illuminated <input type="checkbox"/> Non-Illuminated	Arrangement of Face (select ALL that apply): <input type="checkbox"/> Single-Sided <input type="checkbox"/> Side-by-Side <input type="checkbox"/> Back-to-Back <input type="checkbox"/> Double-Decked <input type="checkbox"/> "V" Type <input type="checkbox"/> Electronic Message Display (EMD) <input type="checkbox"/> Other _____	Support Structure: No. of Supporting Poles _____ Support Pole Material: <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Other _____
---	--	---	---

***** APPLICANT CONTINUE TO PAGE 2*****

- FOR OFFICIAL USE ONLY -

Highway: _____	Latitude: _____	Longitude: _____	County: _____
Inspector: _____	Date Inspected: _____	Date Approved: _____	Date Denied: _____
Permit No. _____	Application No. _____		
Check No. _____	Check Amount: _____	Installation Fee: _____	Annual Maintenance 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 a City Building Permit or Sign Permit required? [] Yes [] No
Is the location 600 feet from any business? [] Yes [] No
* If yes, please provide business name:

* PLEASE ATTACH WRITTEN VERIFICATION OF ZONING AND A COPY OF CITY BUILDING OR SIGN PERMIT, IF APPLICABLE *

ON-CALL CONTACT PERSON

Name of Contact Person Title
Office Phone Cell Phone

REQUIRED ATTACHMENTS CHECKLIST

- [] Enclose the property owner permission statement for the erection and/or maintenance of this sign within 30 days of the application date.
[] Enclose a diagram or satellite image of the proposed sign location in relationship to intersecting routes (including 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.

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.

Application Name (please print) Title
Applicant Signature Date

Request for Taxpayer Identification Number and Certification

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

**Give form to the
 requester. Do not
 send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See <i>Specific Instructions</i> on page 3.	1	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)	
	2	Business name/disregarded entity name, if different from above.	
	3a	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i>
	3b	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions _____ <input type="checkbox"/>	
	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.

Social security number									
				-					
or									
Employer identification number									

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

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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
------------------	--------------------------	------

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.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



**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 thirty (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 thirty (30) days of the application date.