



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: Logo Signing Program (For Interstate and Freeway Routes Only)**

Dear Sir/Madam:

Thank you for your inquiry pertaining to the Department's Logo Signing Program. Enclosed are the application procedures, the Department's Policy for Erection for Specific Services Signs, an application, a form W-9, and specifications for the sign manufacturer.

Please review this information and submit your application, W9 and the \$35.00 application fee to the mailing address below. Space on the signs is limited, applications are processed on a first-come, first-serve basis.

**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

Enclosure: Logo Application Packet



**Logo Application Procedures**  
(For Interstate and Freeway Routes Only)

Please initial each condition before submitting your application:

\_\_\_\_\_ Review the Department Policy for Erection for Specific Service Signs for Logo Signing Program.

\_\_\_\_\_ Review the specifications for the sign manufacturer. All Logo signs **must conform** with the specifications. **Do not order** your signs until notified to do so by the Department.

\_\_\_\_\_ Upon permit approval by the Department, all **artwork/proofs** of the proposed Logo design **must be submitted** to the Department for approval (submissions should be emailed to William.Bailey@ardot.gov)

\_\_\_\_\_ Complete a separate application for the specific service (Gas, Food, Lodging, Camping, or Attraction) that you provide. If you provide more than one service, a separate application for each is required.

\_\_\_\_\_ Submit your application, W9 and a check or money order payable to the ARDOT Beautification Section for the thirty-five dollar (\$35.00) application fee.

\_\_\_\_\_ Applicant agrees to supply Logo signs/panels and ship or deliver them to the ARDOT Mail Room within 90 days of permit approval letter. Failure by applicant to supply Logo signage to ARDOT within 90 days will result in the termination of permit agreement.

**LOGO SIGNING FEES**

Application Fee	\$35.00 (Per application)
Installation Fee	\$80.00 (Per Logo sign)
Annual Maintenance Fee	\$200.00 (Per Logo sign)
Removal/Cover Fee	\$100.00 (Per set of Logo signs)



**ARKANSAS DEPARTMENT OF TRANSPORTATION**  
**Logo Signing Program**  
**Application**

Name of Business/Facility \_\_\_\_\_ Phone \_\_\_\_\_

Name of Applicant/Owner/Manager \_\_\_\_\_ Email Address \_\_\_\_\_

Business Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**BUSINESS LOCATION DATA**

Highway \_\_\_\_\_ Exit Number \_\_\_\_\_ County \_\_\_\_\_  
 Direction from Nearest Highway Exit (Check One)  North  South  East  West  
 Distance from Nearest Highway Exit (Miles/Tenths) \_\_\_\_\_

**MINIMUM REQUIRED SERVICES**

(Check Applicable Services)

- | <u>Gas</u>  | <u>Food</u>   | <u>Lodging</u>  | <u>Camping</u>  | <u>Attraction</u>   |
|---|---|---|---|---|
| <input type="checkbox"/> 15 Mile Distance<br><i>(from nearest exit)</i> | <input type="checkbox"/> 15 Mile Distance<br><i>(from nearest exit)</i> | <input type="checkbox"/> 15 Mile Distance<br><i>(from nearest exit)</i> | <input type="checkbox"/> 15 Mile Distance<br><i>(from nearest exit)</i> | <input type="checkbox"/> 30 Mile Distance<br><i>(from nearest exit)</i> |
| <input type="checkbox"/> Gasoline                                       | <input type="checkbox"/> License or Permit<br>where required            | <input type="checkbox"/> License or Permit<br>where required            | <input type="checkbox"/> License or Permit<br>where required            | <input type="checkbox"/> License or Permit<br>where required            |
| <input type="checkbox"/> Oil & Water Drinking                           | <input type="checkbox"/> Restrooms                                      | <input type="checkbox"/> Restrooms                                      | <input type="checkbox"/> Drinking Water                                 | <input type="checkbox"/> Drinking Water                                 |
| <input type="checkbox"/> Water  | <input type="checkbox"/> Public Telephone                               | <input type="checkbox"/> Public Telephone                               | <input type="checkbox"/> Restrooms                                      | <input type="checkbox"/> Restrooms                                      |
| <input type="checkbox"/> Restrooms                                      | <input type="checkbox"/> Open 6 days a week                             | <input type="checkbox"/> Adequate<br>sleeping<br>accommodations         | <input type="checkbox"/> Adequate<br>parking<br>accommodations          | <input type="checkbox"/> Adequate parking<br>accommodations             |
| <input type="checkbox"/> Public Telephone                               | <input type="checkbox"/> Open at 11 AM for<br>continuous service        |   |   | <input type="checkbox"/> Open 6 days a week                             |
| <input type="checkbox"/> Open 7 days a week                             |   |   |   | <input type="checkbox"/> Open 8 hours a day                             |
| <input type="checkbox"/> Open for 16 hours of<br>continuous service     |   |   |   |   |

**OPERATION DETAILS**

Is Business open all year?  Yes  No  
 If no, check months closed  January  February  March  April  May  June  
 July  August  September  October  November  December

**CERTIFICATION**

I certify that these statements are true and correct and that my business complies with all applicable laws concerning public accommodations without regard to race, religion, color, age, sex, disability, or national origin, and will continue in compliance.

I understand that any falsification or misrepresentation of the statements in this application or failure to comply with any Logo Application Procedures may result in the denial of the application or the revocation of my permit.

I also understand it is my responsibility to supply and deliver Logo signage to ARDOT within 90 days of approval letter.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICAL USE ONLY**

Highway \_\_\_\_\_ Exit \_\_\_\_\_ County \_\_\_\_\_ G F L C A  
 Inspector \_\_\_\_\_ Date Inspected \_\_\_\_\_  
 APPROVED  DENIED GPS \_\_\_\_\_  
 Permit No. \_\_\_\_\_ Application No. \_\_\_\_\_  
 Check No. \_\_\_\_\_ Installation Fee \_\_\_\_\_ Annual Maint. Fee \_\_\_\_\_  
 Check Amount \_\_\_\_\_ Amount Applied to Permit \_\_\_\_\_

Main lane	Turn	Mileage
N/B _____	_____	_____
S/B _____	_____	_____
E/B _____	_____	_____
W/B _____	_____	_____
1-TRAIL _____	_____	_____
2-TRAIL _____	_____	_____
3-TRAIL _____	_____	_____

# Request for Taxpayer Identification Number and Certification

Go to [www.irs.gov/FormW9](http://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.

<b>Print or type. See Specific Instructions on page 3.</b>	<b>1</b>	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.)		
	<b>2</b>	Business name/disregarded entity name, if different from above.		
	<b>3a</b>	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> 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) _____ <b>Note:</b> 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) _____	<b>4</b> 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>	
	<b>3b</b>	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"/>		
	<b>5</b>	Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)	
	<b>6</b>	City, state, and ZIP code		
	<b>7</b>	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.

<b>Social security number</b>									
				-					
<b>or</b>									
<b>Employer identification number</b>									

**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.

<b>Sign Here</b>	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](http://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

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

## LOGO SIGNING PROGRAM

### Shipping Information

---

Manufactured Logo signs are to be shipped to the following address:

***Arkansas Department of Transportation  
Mail Room  
10324 Interstate 30  
Little Rock, AR 72209***

The Logo signs should be packaged properly to avoid damage in shipment. The attached application must be shipped with the Logo sign for identification purposes.

### Business Sign Specifications

---

The sign shall be fabricated on 0.063-inch flat sheet aluminum made of aluminum alloy (ASTM B 209, Alloy 5052 H 38), and sized as shown on the Typical Business Signs detail sheets. The business sign shall be reflectorized to show the same colors at night as in the day. The reflective sheeting used shall be Type III sheeting commonly called "High Intensity" or "Encapsulated Lens" sheeting, and shall meet the requirements of the "Standard Specifications for Construction of Roads and Bridges on Federal Highway Projects," 1985, FP-85. The sign shall also meet the requirements of the Arkansas Department of Transportation specifications "General Requirements for Signs." The sign shall have no holes for mounting.

The sign may consist of the business identification symbol, name, brand, trademark, or a combination of these. Words and messages that are definitely established as an integral part of the registered trademark may be used. Extra messages may not be used, e.g., "Telephone In Every Room," "Breakfast Served," etc. The full area of the blank must be utilized in the design of the sign for background, border, legend, logo, etc., to form a fully reflectorized sign of the size allowed. If applicable, "Open 24 Hours" may be used.

The mainline sign shall have a legend of 10-inch letters, and a 3/4-inch border of the same color as the letters. The ramp signs shall have a legend of 4-inch letters and a 1/2-inch border of the same color as the letters. Where business identification symbols or trademarks are used alone, the border may be omitted.

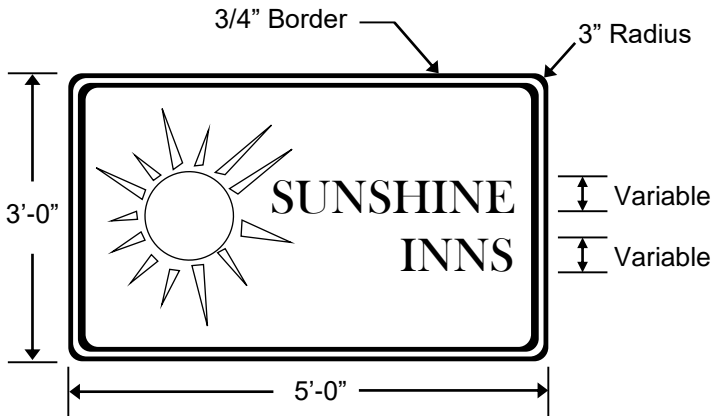
Messages, symbols, and trademarks which resemble any official traffic control device are prohibited.

IF YOU HAVE ANY QUESTIONS REGARDING COMPLIANCE WITH THESE SPECIFICATIONS, PLEASE SUBMIT A DETAILED DRAWING OF YOUR BUSINESS SIGN TO THE BEAUTIFICATION SECTION BEFORE MANUFACTURE.

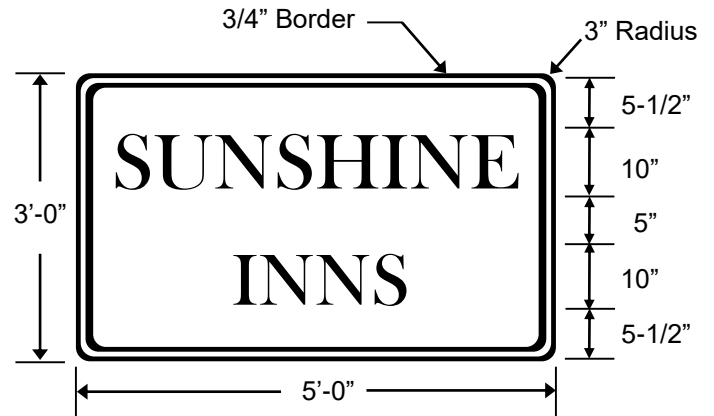
# LOGO SIGNING PROGRAM SPECIFICATIONS

*NOTE: Upon permit approval by the Department, all artwork/proofs of the proposed Logo design must be submitted to the Department for approval (submissions should be emailed to William.Bailey@ardot.gov)*

## TYPICAL BUSINESS SIGNS - MAINLINES -

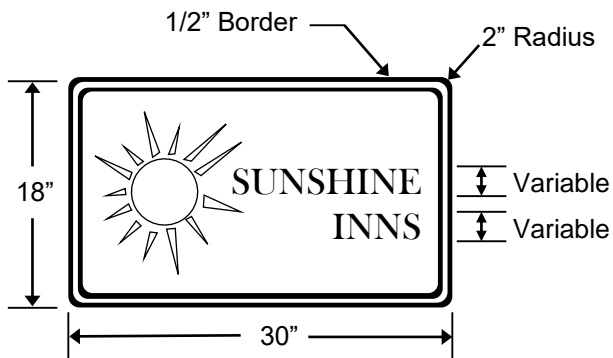


**(LOGO)**

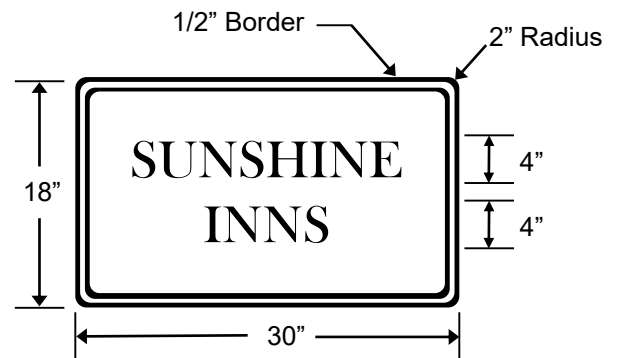


**(LEGEND)**

## TYPICAL BUSINESS SIGNS - RAMPS/TRAILBLAZERS -



**(LOGO)**



**(LEGEND)**



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

## LOGO SIGN MANUFACTURERS

*(\*Note - Applicants are free to use other sign vendors not listed below as long as the correct specifications are followed by the vendor that is selected.)*

**Arkansas Sign & Barricade, Inc.**  
10601 Otter Creek East Blvd. Mabelvale, AR 72103  
Phone: (501) 653-2300  
Fax: (501) 653-2301

**Hall Signs, Inc.**  
4495 West Vernal Pike  
Bloomington, IN 47404  
Toll Free: (800) 284-7446

**Banner Sign & Barricade**  
1801 East 17th St.  
Little Rock, AR 72202  
Phone: (501) 372-5978  
Toll Free: (800) 336-9875

**Interstate Highway Sign Co.**  
7415 Lindsey Rd.  
Little Rock, AR 72206  
Phone: (501) 490-4242

**Condray Sign & Advertising Co.**  
1107 East Harding Ave.  
Pine Bluff, AR 71601  
Phone: (870) 534-5210  
Email: [keri@condraysigns.com](mailto:keri@condraysigns.com)

**Interstate Logos, Inc.**  
5551 Corporate Blvd., 2nd Floor  
Baton Rouge, LA 70808  
Phone: (225) 932-9796  
Toll Free 1-800-468-7805

**Fast Signs**  
3735 Mall Drive  
Texarkana, TX 75501  
Phone: (903) 831-7446  
[www.fastsigns.com/485](http://www.fastsigns.com/485)

**Seiz Sign Co.**  
1231 Central Ave.  
Hot Springs, AR 71901  
Phone: (501) 623-3181  
Fax: (501) 623-4595

**Gibson's Sign-Mart**  
1021 Neil Dr.  
Jonesboro, AR 72401  
Phone: (870) 972-8693  
Fax: (870) 935-6537