

FOR CALTRANS' USE:

DATE RECEIVED - INITIALS	DATE COMPLETED
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Program applications are subject to review and approval. If a requested location is already adopted, your group will be placed on a waiting list. If a requested location is available for adoption, you will be sent an Adopt-A-Highway Encroachment Permit Application to sign and return.

ADOPT-A-HIGHWAY

The Adopt-A-Highway Program and its courtesy signs are not a forum for advertisement or public discourse. Adopters are not guaranteed a sign. Signs will display the name of the individual, organization, agency, or business providing the adoption service. Subject to approval, organizations and businesses may display their logo along with their name, or, they may display their logo by itself.

ADOPTION TYPE(S)

- LR: Litter Removal
 VC: Vegetation Control¹
 WC: Wildflower Planting¹
 Other _____
 GR: Graffiti Removal
 TP: Tree and shrub Planting¹
 SWP: "Spot" Wildflower Planting^{1,2}

¹Once a requested location becomes available, you will be required to submit work plans and a work schedule for review and approval ²Spot wildflower planting adopters do not receive a sign.

ADOPTION SITE(S) REQUESTED: If you do not know a site's post mile range, please call 1-866-236-7824 for assistance or leave the field empty and your District Adopt-A-Highway Coordinator will call you.

TYPE	COUNTY	ROUTE	POST MILE RANGE - LOCATION TYPE	<input type="checkbox"/> RECTION(S) North or East Bound	<input type="checkbox"/> South or West Bound
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APPLICANT INFORMATION: Businesses must submit a copy of their business license or other proof of business name.

INDIVIDUAL, ORGANIZATION, AGENCY, OR BUSINESS NAME			WORK WILL BE PERFORMED BY (Minimum age for participants is 16 years) Volunteers: Aged <input type="checkbox"/> 16+ <input type="checkbox"/> 18+ <input type="checkbox"/> Hired Contractor		
ADDRESS		CITY	STATE	ZIP CODE	
NAME OF PRIMARY CONTACT (Must be at least 21 years old)			TITLE	E-MAIL	
PHONE NO.	ALT. PHONE NO.	FAX	ALTERNATE CONTACT (Required, must be at least 21 years old)		ALT. CONTACT'S PHONE NO.
SIGNATURE OF APPLICANT'S PRIMARY CONTACT					DATE

CONTRACTOR INFORMATION: Complete only if application is submitted by contractor on behalf of a sponsor group.

CONTRACTOR'S BUSINESS NAME	CONTRACTOR REPRESENTATIVE	<input type="checkbox"/> Recognition Panel Installation and Removal Requested
SIGNATURE OF CONTRACTOR'S REPRESENTATIVE		DATE

APPLICANT ELIGIBILITY APPROVAL - FOR CALTRAN'S USE:

<input type="checkbox"/> Approved <input type="checkbox"/> Denied	SIGNATURE OF DISTRICT DEPUTY DIRECTOR OF MAINTENANCE	DATE
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PERSONAL INFORMATION NOTICE

Pursuant to the Federal Privacy Act (P.L. 93-579) and the Information Practices Act of 1977 (Civil Code Sections 1798, et seq.), notice is hereby given for the request of personal information by this form. The requested personal information is voluntary. The principal purpose of the voluntary information is to facilitate the processing of this form. The failure to provide all or any part of the requested information may delay processing of this form. No disclosure of personal information will be made unless permissible under Article 6, Section 1798.24 of the IPA of 1977. Each individual has the right upon request and proper identification, to inspect all personal information in any record maintained on the individual by an identifying particular. Direct any inquiries on information maintenance to your IPA Officer.