



STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION
ADOPT-A-HIGHWAY PROGRAM APPLICATION

FOR CALTRANS USE (Date Received)

ADOPT-A-HIGHWAY MTCE 018 (REV 06/2008)

Please call 1-866-ADOPTAHWY for assistance in completing this form.

ADOPTION TYPE (Check one adoption type per application.)

- Litter Removal Vegetation Control¹ Wildflower Planting^{1,2}
 Graffiti Removal Vegetation Control With Litter Removal (Ramps)¹ "Spot" Wildflower Planting^{1,3}
 Tree and Shrub Planting^{1,2} Other, Describe: _____

APPLICANT INFORMATION (Businesses must submit a copy of their business license or other proof of business name.)

INDIVIDUAL, ORGANIZATION, OR BUSINESS NAME				WORK WILL BE PERFORMED BY			
				Volunteers: Aged <input type="checkbox"/> 16+ <input type="checkbox"/> 18+		<input type="checkbox"/> Hired Contractor	
ADDRESS			CITY		STATE	ZIP CODE	
NAME OF PRIMARY CONTACT			TITLE		E-MAIL		
PHONE NO.	ALT. PHONE NO.	FAX	ALTERNATE CONTACT (Required)			ALT. CONTACT'S PHONE NO.	

LOCATION(S) REQUESTED 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.

COUNTY	ROUTE	POST MILE RANGE AND LOCATION TYPE (if known)	DIRECTION(S)	
			<input type="checkbox"/> North Bound	<input type="checkbox"/> East Bound
DESCRIPTION OF LOCATION (Landmark, cross street, ramp etc.)			<input type="checkbox"/> South Bound	<input type="checkbox"/> West Bound
COUNTY	ROUTE	POST MILE RANGE AND LOCATION TYPE (if known)	DIRECTION(S)	
			<input type="checkbox"/> North Bound	<input type="checkbox"/> East Bound
DESCRIPTION OF LOCATION (Landmark, cross street, ramp etc.)			<input type="checkbox"/> South Bound	<input type="checkbox"/> West Bound
COUNTY	ROUTE	POST MILE RANGE AND LOCATION TYPE (if known)	DIRECTION(S)	
			<input type="checkbox"/> North Bound	<input type="checkbox"/> East Bound
DESCRIPTION OF LOCATION (Landmark, cross street, ramp etc.)			<input type="checkbox"/> South Bound	<input type="checkbox"/> West Bound
COUNTY	ROUTE	POST MILE RANGE AND LOCATION TYPE (if known)	DIRECTION(S)	
			<input type="checkbox"/> North Bound	<input type="checkbox"/> East Bound
DESCRIPTION OF LOCATION (Landmark, cross street, ramp etc.)			<input type="checkbox"/> South Bound	<input type="checkbox"/> West Bound

AUTHORIZED SIGNATURE

The Adopt-A-Highway Program and its courtesy signs are not a forum for advertisement or public discourse. Their purpose is to recognize adopters for their contribution. Signs will display the name of the individual, organization, 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. The undersigned agrees that applications will not be processed until all required support documents have been received.

SIGNATURE OF APPLICANT'S PRIMARY CONTACT	DATE
▶	

¹Plans and schedules will be required. If herbicides will be used, a Pest Control Recommendation will be required and the applicator must submit proof of appropriate licensing or certification by the Department of Pesticide Regulation.

²Tree and shrub planting and wildflower planting adoptions include year-round vegetation control.

³Spot wildflower planting adoption participants receive no sign.

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.

ADA NOTICE: For individuals with sensory disabilities, this document is available in alternate formats. For information call (916) 653-3657 or TDD (916) 654-3880 or write to Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814.

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
▶		