Dear Sir/Madam:

RE: Restore Sign Visibility Policy (RSVP) Permit

Thank you for your inquiry pertaining to the Department’s RSVP Program. Enclosed are the Department’s regulations, an application, and a form W-9.

Please submit the completed application and all requested items at the bottom of the application to the mailing address below.

If you have any questions please call or email our office at (501) 569-2088 or gail.kendrick@ardot.gov.

Mailing Address:
Arkansas Department of Transportation
Attn: Beautification Section – Right of Way Division
P.O. Box 2261
Little Rock, AR 72203-2261

Fax: (501) 569-2018

Sincerely,

Jeff Ingram
Section Head, Beautification
Right of Way Division

Enclosure: RSVP Application Packet
### PLEASE PRINT OR TYPE

Name of Business/Facility: ___________________________  Existing Sign Permit #: ___________________________

Name of Applicant/Owner/Manager: ___________________________  Title: ___________________________

Email Address: ___________________________  Phone: ___________________________

Business Mailing Address: ___________________________  City: ___________________________  State: ___________________________  Zip Code: ___________________________

### SIGN LOCATION DATA

Highway: ___________________________  County: ___________________________  Nearest City/Town: ___________________________

Geographical Location (Decimal Degrees):  
Latitude: ___________________________  Longitude: ___________________________

Side of Highway (N, S, E, W): ___________________________

### DESCRIPTION OF WORK

________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________

________________________________________________________________________________________________________________________________________

### REQUIRED ATTACHMENTS

☐ A completed, signed and dated RSVP application form.

☐ A diagram or satellite image of the proposed work area (include direction of travel and measurements).

☐ Proof of current liability insurance.

☐ Proof of accessory bond in case of right of way damage.

☐ Photo of the sign.

☐ Landowner permission statement.

☐ Permission statement(s) from neighboring landowners (if mowing in front of their property)

☐ Enclose a check or money order made payable to the Arkansas Department of Transportation, in the amount of $160.00.

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

***APPLICANT CONTINUE TO PAGE 2***

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Check No. ___________________________  Check Amount ___________________________  Date Check Received ___________________________
CERTIFICATION

I certify that I have the authority to sign this agreement on behalf of ______________________________________. I have read the terms of the Restore Sign Visibility Policy and I certify that ______________________________________ will abide by sign company all terms of this agreement and will accept the penalties imposed by the Arkansas Department of Transportation for violations that occur, including fines or forfeiture of the subject sign.

__________________________________________
Applicant Name (Please Print):

__________________________________________
Applicant Signature:

__________________________________________
Title

__________________________________________
Date:

-FOR ARDOT USE ONLY-

Approved  □  Denied  □  Date Approved/Denied __________________________
RSVP Permit Number __________________________________________________
Work Allowed: ________________________________________________________

District Approval  Yes  □  No  □  District Approval Date ______________________
Environmental Approval  Yes  □  No  □  Environmental Approval Date ______________________
Gate Installation  Yes  □  No  □  FHWA Approval Date ______________________
Highway _____________  Section _____________  Log Mile _____________

Comments ____________________________________________________________

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