



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**.

A handwritten signature in black ink, appearing to read 'Wm Reynolds'.

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

<b>Facing:</b> Height _____ Width _____	<b>Lighting:</b> <input type="checkbox"/> Illuminated <input type="checkbox"/> Non-Illuminated	<b>Arrangement of Face (select ALL that apply):</b> <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 _____	<b>Support Structure:</b> No. of Supporting Poles _____ <b>Support Pole Material:</b> <input type="checkbox"/> Wood <input type="checkbox"/> Metal <input type="checkbox"/> Other _____
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\*\*\*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

Give Form to the  
requester. Do not  
send to the IRS.

► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type.  
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
2 Business name/disregarded entity name, if different from above	
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
<input type="checkbox"/> Individual/sole proprietor or single-member LLC	Exempt payee code (if any)
<input type="checkbox"/> C Corporation	Exemption from FATCA reporting code (if any)
<input type="checkbox"/> S Corporation	
<input type="checkbox"/> Partnership	
<input type="checkbox"/> Trust/estate	
<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ►	
<b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.	
<input type="checkbox"/> Other (see instructions) ►	(Applies to accounts maintained outside the U.S.)
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.

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

Social security number									
				-				-	
or									
Employer identification number									
				-					

## 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 ►
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## 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).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



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.**