



RIGHT OF WAY DIVISION

10324 Interstate 30 | P.O. Box 2261, Little Rock, AR 72203-2261
Phone: (501) 569-2311 | Fax: (501) 569-2018 | Toll Free: (877) 569-0120

**RE: Tourist Oriented Directional Signing (TODS) Program (Excludes
freeways or interstate highway use)**

Dear Sir/Madam:

Thank you for your inquiry pertaining to the Department's TODS Program. Enclosed are the TODS application procedures, the Department's regulations, an application, a form W-9, specifications for the sign manufacturer, and a map of eligible highways.

Please review this information and submit your application, W9 and the \$25.00 application fee to the mailing address below. Space on the signs is limited and applications are processed on a first-come, first-serve basis.

If you have any questions, please call our office at **(501) 569-2088**.

A handwritten signature in black ink that reads 'William Reynolds'.

William Reynolds
Section Head
Beautification Section
Right of Way Division

Enclosure: TODS Application Packet



RIGHT OF WAY DIVISION

10324 Interstate 30 | P.O. Box 2261, Little Rock, AR 72203-2261
Phone: (501) 569-2311 | Fax: (501) 569-2018 | Toll Free: (877) 569-0120

Tourist Oriented Directional Signing (TODS) Application Procedures
(Excludes freeways or interstate highway use)

Please complete the following to submit your application:

- Review the Department Policy for TODS Program.
- Review the specifications for the sign manufacturer. All TODS signs **must conform** with the specifications. **Do not order** your signs until notified to do so by the Department.
- Complete a separate application for the state highway intersection where TODS signing is desired.
- Submit your application, W9 and a check or money order payable to the ArDot Beautification Section for the twenty-five dollar (\$25.00) application fee:

Arkansas Department of Transportation
Right of Way Division - Beautification
Section P. O. Box 2261
Little Rock, Arkansas 72203

- Sign design proofs must be submitted to the Beautification Section for approval before signs can be authorized for fabrication.

TOURIST ORIENTED DIRECTIONAL SIGNING (TODS) FEES

Application Fee	\$25.00 (Per application)
Installation Fee	\$50.00 (Per sign on state right of way)
Annual Maintenance Fee	\$50.00 (Per sign on state right of way)
Removal/Cover Fee	\$50.00 (Per sign on state right of way)



ARKANSAS DEPARTMENT OF TRANSPORTATION
Tourist Oriented Directional Signing (TODS) Application
 (Excludes freeways or interstate highway use)

Name of Business/Facility _____ Phone _____

Name of Applicant/Owner/Manager _____ Email Address _____

Business Mailing Address _____ City _____ State _____ Zip Code _____

BUSINESS LOCATION DATA

Business Location (Decimal Degrees): Latitude _____ Longitude _____

Highway _____ County _____ Nearest City/Town _____

Direction from Highway (Check One) North South East West

Name/No. of Nearest Intersecting Road _____

Distance from Nearest Intersecting Road (Miles/Tenths) _____

Is business located within the corporate limits of a city or town? Yes No

If yes, name of city or town _____

NOTE: COMPLETE INFORMATION ON PAGE 2 OF THE APPLICATION REGARDING LOCATION

MINIMUM REQUIRED SERVICES

(Check Applicable Services)

Camping

- 15 Mile Distance
- License or Permit where required
- Restrooms
- Telephone
- Open minimum of 8 hours a day, 5 days a week one of which is Saturday
- Adequate parking accommodations

Commercial Interest

- 15 Mile Distance
- License or Permit where required
- Restrooms
- Open minimum of 8 hours a day, 5 days a week one of which is Saturday, and 6 months a year

Food

- 15 Mile Distance
- License or Permit where required
- Restrooms
- Telephone
- Open minimum of 8 hours a day, 5 days a week one of which is Saturday

Lodging

- 15 Mile Distance
- License or Permit where required
- Restrooms
- Telephone
- Adequate sleeping accommodations

Motorist Services

(Gas Stations or Motor Vehicle Repair)

- 15 Mile Distance
- Restrooms
- Drinking Water
- Telephone
- Open minimum of 8 hours a day, 5 days a week one of which is Saturday, and 6 months a year

Seasonal Agricultural Interest

- 5 Mile Distance
- License or Permit where required
- Restrooms
- Open minimum of 8 hours a day, 5 days a week one of which is Saturday during the normal seasonal period

Tourist Attraction

- 15 Mile Distance
- License or Permit where required
- Restrooms
- Telephone
- Open minimum of 4 hours a day, 5 days a week one of which is Saturday, and 6 months a year

*****APPLICANT CONTINUE TO PAGE 2*****

FOR OFFICAL USE ONLY

Highway _____ Latitude _____ Longitude _____ County _____

Inspector _____ Date Inspected _____ Date Approved _____

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	_____	_____	_____



ARKANSAS DEPARTMENT OF TRANSPORTATION
Tourist Oriented Directional Signing (TODS) Application
 (Excludes freeways or interstate highway use)

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

Description of business/tourist attraction _____

REMOVAL/REINSTALLATION

The Department shall cover or remove a TODS sign for a seasonal activity when the activity is closed during the off-season period, unless the TODS sign displays the period of operation. The fee for the removal or covering of TODS signs and trailblazer signs on state highway right of way is \$50.00. It is the responsibility of the permittee to notify the Department of the off-season period as well as when to remove/reinstall the sign(s).

Does Business require removal/reinstallation? Yes No
 Date for sign removal _____
 Date for sign installation (sign must be delivered to the appropriate District Headquarters) _____

PROVIDE THE BUSINESS NAME TO BE USED ON TODS PANEL, USING "X" FOR SPACES BETWEEN WORDS (LIMIT: 2 LINES & 15 CHARACTERS PER LINE. DO NOT INCLUDE ARROWS OR MILEAGE)

DRAW A DETAILED MAP FROM THE MAIN HIGHWAY TO THE BUSINESS. GIVE DISTANCES AND DIRECTIONS OF TURNS, USE LOCAL STREET NAMES AND BE AS DETAILED AS POSSIBLE.



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 shall comply with all applicable health and sanitation laws and must possess any required local permits or licenses.

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.

Applicant Signature: _____

Date: _____

Request for Taxpayer Identification Number and Certification

Go to 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.

Print or type. See Specific Instructions on page 3.	1	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.)	
	2	Business name/disregarded entity name, if different from above.	
	3a	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one 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) _____ Note: 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) _____	4 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>
	3b	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"/>	
	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.

Social security number											
				-			-				
or											
Employer identification number											
				-							

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.

Sign Here	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.

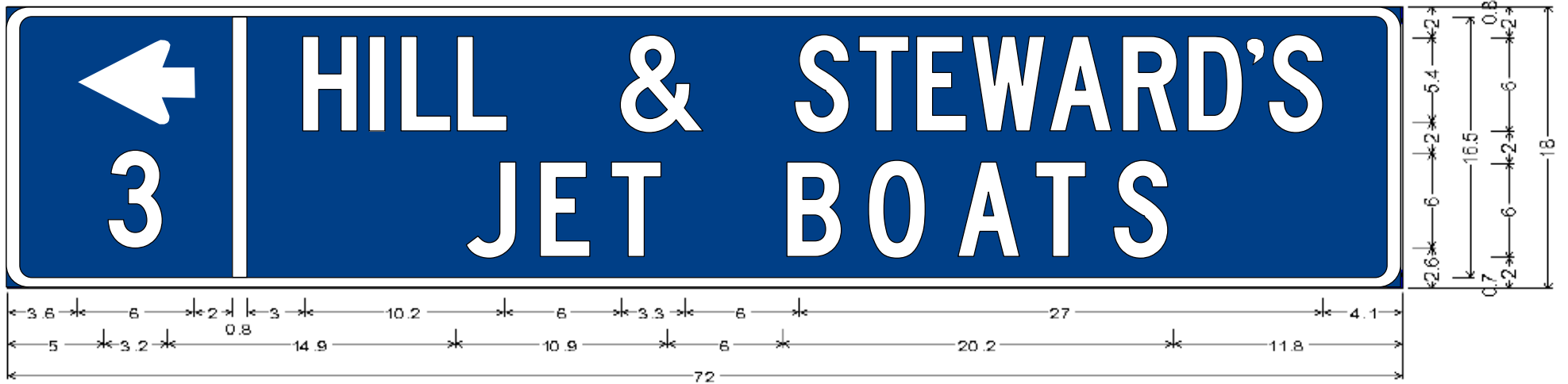
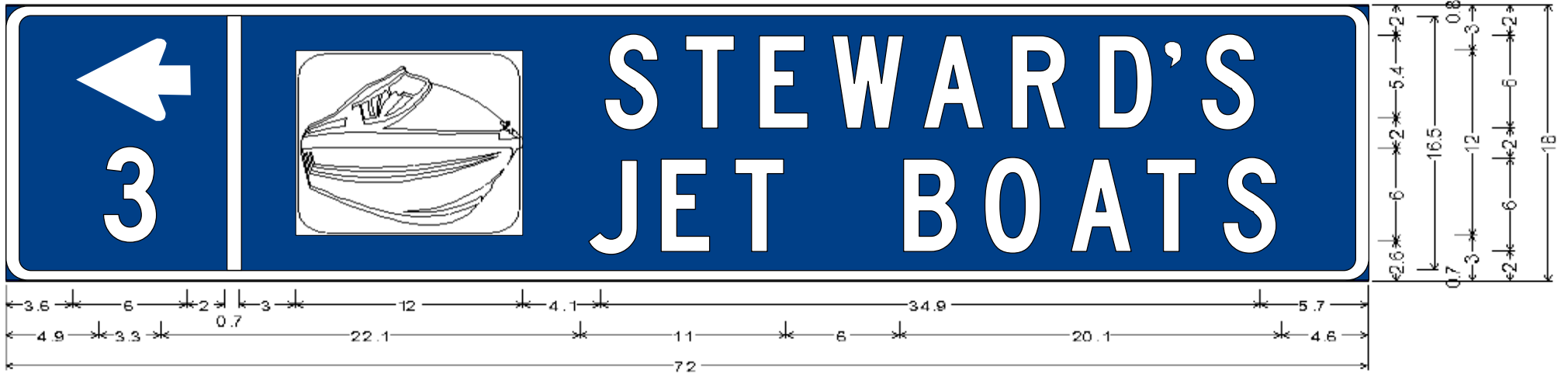
What's New

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



Design standards for upper-case letters, numerals, and spacing shall be as provided in the "Standard Alphabets for Highway Signs and Pavement Markings". Letters and numerals shall be "B" or "C" series.

Border width 0.75".

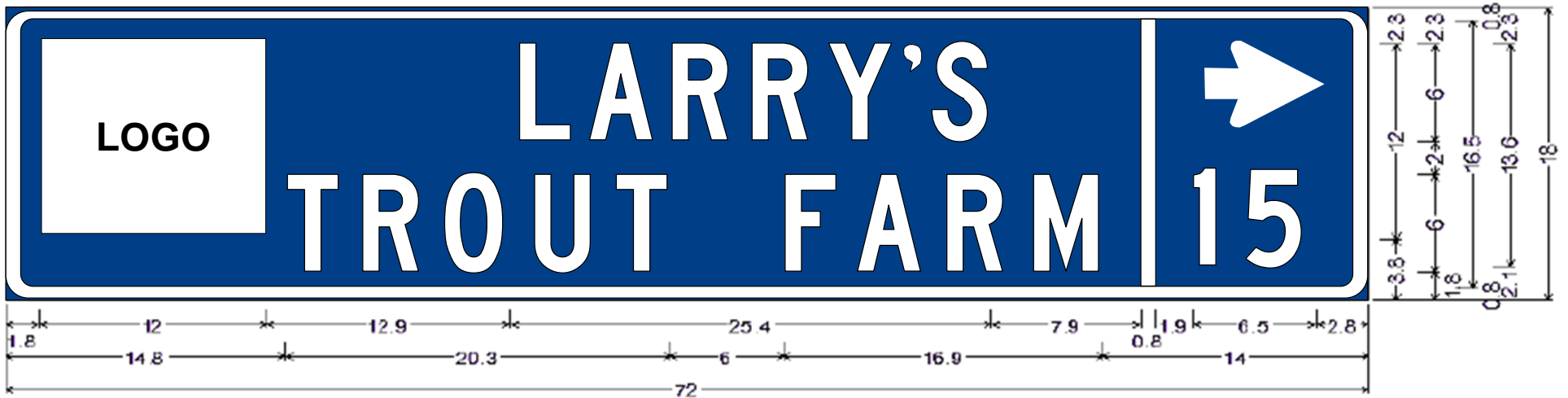
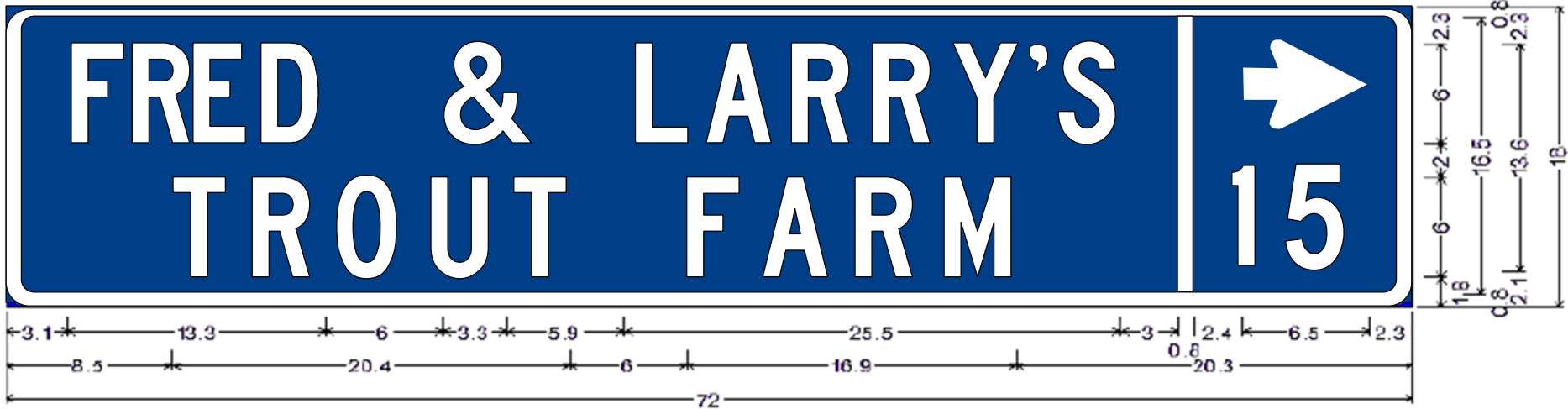
Border radius 1.25".

White border and legend on blue background (Pantone 294U).

Legend and any logos used shall be centered within area of the borders with a minimum end space of 3".

The aluminum panel shall be ASTM B 209 5052 H-38 with 0.10" thickness.

Reflective Sheeting shall be AASHTO Type 3 High Intensity Sheeting for border, legend, logo and background.



Design standards for upper-case letters, numerals, and spacing shall be as provided in the "Standard Alphabets for Highway Signs and Pavement Markings". Letters and numerals shall be "B" or "C" series.

Border width 0.75".

Border radius 1.25".

White border and legend on blue background (Pantone 294U).

Legend and any logos used shall be centered within area of the borders with a minimum end space of 3".

The aluminum panel shall be ASTM B 209 5052 H-38 with 0.10" thickness.

Reflective Sheeting shall be AASHTO Type 3 High Intensity Sheeting for border, legend, logo and background.



RIGHT OF WAY DIVISION

10324 Interstate 30 | P.O. Box 2261, Little Rock, AR 72203-2261
 Phone: (501) 569-2311 | Fax: (501) 569-2018 | Toll Free: (877) 569-0120

Manufactured TODS signs are to be shipped to the ARDOT District Office in the county where they will be erected.

DISTRICT ONE 2701 US Hwy 64 Wynne, AR 72396	DISTRICT TWO 4900 Hwy 65 South Pine Bluff, AR 71611	DISTRICT THREE 2911 Hwy 29 North Hope, AR 71802	DISTRICT FOUR 808 Frontier Road Barling, AR 72917	DISTRICT FIVE 1673 Batesville Blvd. Batesville, AR 72503
Crittenden Cross Lee Monroe Phillips St. Francis Woodruff	Arkansas Ashley Chicot Desha Drew Grant Jefferson Lincoln	Hempstead Howard Lafayette Little Rive Miller Nevada Pike Sevier	Crawford Franklin Logan Polk Scott Sebastian Washington	Cleburne Fulton Independence Izard Jackson Sharp Stone White

DISTRICT SIX 8900 Mabelvale Pike Little Rock, AR 72209	DISTRICT SEVEN 2245 California Ave. Camden, AR 71711	DISTRICT EIGHT 372 Aspen Lane Russellville, AR 72811	DISTRICT NINE 4590 Hwy 65 Harrison, AR 72602	DISTRICT TEN 2510 Hwy 412 West Paragould, AR 72451
Garland Hot Spring Lonoke Prairie Pulaski Saline	Bradley Calhoun Clark Cleveland Columbia Dallas Ouachita Union	Conway Faulkner Johnson Montgomery Perry Pope Van Buren Yell	Baxter Benton Boone Carroll Madison Marion Newton Searcy	Clay Craighead Greene Lawrence Mississippi Poinsett Randolph



RIGHT OF WAY DIVISION

10324 Interstate 30 | P.O. Box 2261, Little Rock, AR 72203-2261
Phone: (501) 569-2311 | Fax: (501) 569-2018 | Toll Free: (877) 569-0120

TODS REMOVAL & REINSTALLATION PROCEDURES

The Department shall cover or remove a TODS sign for a seasonal activity when the activity is closed during the off-season period, unless the TODS sign displays the period of operation. The fee for the removal or covering, of TODS signs and trailblazer signs on state highway right of way is \$50.00 per sign.

It is the responsibility of the permittee to notify the Department of the off-season period as well as when to remove/reinstall the sign(s).

Removal

Upon notification of removal and receipt of the removal fee (\$50.00), the Department has 30 days to mobilize, remove and deliver the sign(s) to the permittee for storage.

Reinstallation

Upon notification of reinstallation and receipt of the sign(s), the Department has 30 days to mobilize and reinstall the sign(s). If the removal fee and/or the sign(s) are not received, the Department will not reinstall the sign(s).



RIGHT OF WAY DIVISION

10324 Interstate 30 | P.O. Box 2261, Little Rock, AR 72203-2261
Phone: (501) 569-2311 | Fax: (501) 569-2018 | Toll Free: (877) 569-0120

LOGO and TODS 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
asb@asbtrafficcontrol.com

Interstate SignWays

7415 Lindsey Rd.
Little Rock, AR 72206
Phone: (501) 490-4242
sales@interstatesigns.com

Fast Signs

3735 Mall Drive
Texarkana, TX 75501
Phone: (903) 831-7446
485@fastsigns.com

Seiz Sign Co.

1231 Central Ave.
Hot Springs, AR 71901
Phone: (501) 623-3181
Fax: (501) 623-4595
david@seizsigns.com

Gibson's Sign-Mart

1021 Neil Dr.
Jonesboro, AR 72401
Phone: (870) 972-8693
Fax: (870) 935-6537
cgibson@gibsonsignmart.com

Condray Sign & Advertising Co.

1107 East Harding Ave.
Pine Bluff, AR 71601
Phone: (870) 534-5210
Email: kerri@condraysigns.com

Interstate Logos, LLC

6696 Exchequer Drive
Baton Rouge, LA 70809
Phone: (225) 927-9408
sadams@interstatelogos.com