**Exhibit 25-L: Pavement Management System (PMS) Certification**

**State Transportation Improvement Projects**

**[To be placed on Local Agency Letterhead]**

Date:

To: [Regional Transportation Planning Agency/County Transportation Commission]
 [Address]

PPNO:

Project Description:

The City/County of [ ] certifies that it has a Pavement Management System (PMS) and the project meets the criteria described in this chapter. A system must be in place to meet standards for pavement rehabilitation projects programmed in the STIP.

The system was developed by [ ] and contains, at a minimum, the following elements:

• Inventory of all existing pavements under the City/County jurisdiction.

 Centerline miles:

 Total lane miles (or equivalent units):

 The last update of the inventory was completed:

• Identification of sections of pavement needing rehabilitation

Total lane miles (or equivalent units):

• Estimate of the cost to rehabilitate deficient sections: $

• A procedure to identify rehabilitation strategies that are cost effective (briefly describe it on an attached sheet).

You may direct any questions regarding the system to [ Name ] at [ Phone # ]

Signature: Title: