



Instructions for Completing an Adopt-A-Highway Program Application

Unless otherwise noted, information requested on the Adopt-A-Highway (AAH) Program Application is required.

Date Received - Date Completed: This section is for Caltrans use. The District AAH Coordinator will enter these dates.

Adoption Type(s): At least one adoption type must be checked.

Adoption Site(s) Requested: Each row must list a single site:

ADOPTION SITE(S) REQUESTED: If you do not know a site's post mile range, please call 1-866-236-7824 for assistance or leave the field empty and your District Adopt-A-Highway Coordinator will call you.					
TYPE	COUNTY	ROUTE	POST MILE RANGE - LOCATION TYPE	DIRECTION(S)	
LR	Sacramento	50	24 - 26 Freeway	<input checked="" type="checkbox"/> North or East Bound	<input checked="" type="checkbox"/> South or West Bound

- Type:** Enter the adoption type abbreviation shown in the "Adoption Type(s)" section of the application. For example, "LR" is shown as the abbreviation for "Litter Removal."
- County:** Enter the county where the site is located. If the adoption site crosses county lines, ask the District AAH Coordinator which county to enter.
- Route:** Enter the route number where the site is located. For park and rides and bike trails, use the route the site is nearest to.
- Post Mile Range - Location Type:** Applicants may leave this field empty or may contact the District AAH Coordinator to obtain this information. If the field is left empty, the District AAH Coordinator will contact the applicant to discuss the desired location and will enter the post mile range and location type on the applicant's behalf.
- Directions(s):** Check one or both directions. Litter removal participants normally adopt both sides of conventional (two-lane) highways but may adopt one or both sides of freeways or wide expressways.
- Unlabeled Fields** (see circled fields in the example above): These fields are for Caltrans use. The District AAH Coordinator will enter a code into the fields, indicating the action to be taken for the requested locations.

Applicant Information: The name entered into the "Individual, Organization, Agency, or Business Name" field determines what may be displayed on the AAH recognition panel. For more information regarding recognition panel rules, please obtain a copy of the *Adopt-A-Highway Recognition Panel Design Guidelines* from the District AAH Coordinator.

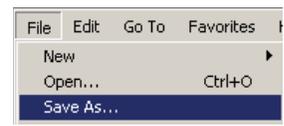
APPLICANT INFORMATION: Businesses must submit a copy of their business license or other proof of business name.					
INDIVIDUAL, ORGANIZATION, AGENCY, OR BUSINESS NAME Joe's Donuts			WORK WILL BE PERFORMED BY: (Minimum age for participants is 16 years) Volunteers: Aged <input type="checkbox"/> 16+ <input checked="" type="checkbox"/> 18+ <input type="checkbox"/> Hired Contractor		
ADDRESS 1120 P Street		CITY Sacramento	STATE CA	ZIP CODE 95815	
NAME OF PRIMARY CONTACT (Must be at least 21 years old) Joe Jones		TITLE Owner	E-MAIL joesdonuts@comcast.net		
PHONE NO. (916) 232-3332	ALT. PHONE NO. (916) 232-3334	FAX (916) 232-3338	ALTERNATE CONTACT (Required, must be at least 21 years old) Mary Jones		ALT. CONTACT'S PHONE NO. (916) 232-3337
SIGNATURE OF APPLICANT'S PRIMARY CONTACT Joe Jones				DATE 11/24/08	

- Individual:** An individual must apply using his or her legal first and last name. Use of a middle name or initial is optional. Use of a nickname will be considered on a case-by-case basis. If the applicant is an individual, the name of the primary contact must be the person entered into this field.
- Organization:** An organization must apply using the organization's complete name.
- Agency:** An agency must apply using the agency's legal name.
- Business:** A business must apply using the business' legal name. Use of a corporate indicator, such as Inc., Co., etc., is optional. Business applicants must provide proof of legal business name when a Program Application is submitted. The following documents can be used to verify a business name: business license, city or county tax certificate, articles of incorporation, or screen print displaying the business name from the Secretary of State's business portal (<http://kepler.sos.ca.gov>). Please contact the District AAH Coordinator if you are unable to provide any of the documents listed above.
- Memorials:** An applicant may wish to participate in honor of a deceased person. In this case, instead of the applicant's name, the words, "In Memory of," plus the deceased person's name(s) are entered into the field. For example, "In Memory of John Doe." The deceased person's first name may be used without the last name. Use of a middle name or initial is optional. Use of a nickname will be considered on a case-by-case basis. If several persons are to be memorialized, a group name will be considered on a case-by-case basis. For example, "In Memory of the Doe Family."
- Work Will Be Performed By:** An anticipated crew type must be checked. Adopters may perform adoption tasks as volunteers or they may hire a contractor to perform adoption tasks on their behalf. A list of approved contractors is available from the District AAH Coordinator. The name of the contractor does not need to be submitted with the Program Application.
- Remaining Contact Information:** Shaded fields in the example above (Title, E-Mail, Alt. Phone No., FAX) are optional. All other information is required. A contractor may not list themselves as the alternate contact.
- Authorized Signature:** This must be the primary contact's signature. A contractor may not sign on behalf of its sponsor.

Contractor Information: The fields in this section must be left empty unless the Program Application is being submitted by a Caltrans-approved contractor of behalf of the adopter.

Applicant Eligibility Approval: This section is for Caltrans use. A District Deputy Director of Maintenance will approve or deny each applicant's eligibility.

CAUTION: Pressing the "Lock Data on Form Button" will disable your ability to edit the form. Instead, perform a "Save As" to save the Permit Application.



FOR CALTRANS' USE:

DATE RECEIVED - INITIALS DATE COMPLETED



Program applications are subject to review and approval. 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.

ADOPT-A-HIGHWAY

The Adopt-A-Highway Program and its courtesy signs are not a forum for advertisement or public discourse. Adopters are not guaranteed a sign. Signs will display the name of the individual, organization, agency, 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.

ADOPTION TYPE(S)

- LR: Litter Removal
 VC: Vegetation Control¹
 WC: Wildflower Planting¹
 Other _____
 GR: Graffiti Removal
 TP: Tree and shrub Planting¹
 SWP: "Spot" Wildflower Planting^{1,2}

¹Once a requested location becomes available, you will be required to submit work plans and a work schedule for review and approval ²Spot wildflower planting adopters do not receive a sign.

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

INDIVIDUAL, ORGANIZATION, AGENCY, OR BUSINESS NAME			WORK WILL BE PERFORMED BY (Minimum age for participants is 16 years) Volunteers: Aged <input type="checkbox"/> 16+ <input type="checkbox"/> 18+ <input type="checkbox"/> Hired Contractor		
ADDRESS		CITY	STATE	ZIP CODE	
NAME OF PRIMARY CONTACT (Must be at least 21 years old)			TITLE	E-MAIL	
PHONE NO.	ALT. PHONE NO.	FAX	ALTERNATE CONTACT (Required, must be at least 21 years old)		ALT. CONTACT'S PHONE NO.
SIGNATURE OF APPLICANT'S PRIMARY CONTACT					DATE

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

APPLICANT ELIGIBILITY APPROVAL - FOR CALTRAN'S USE:

<input type="checkbox"/> Approved <input type="checkbox"/> Denied	SIGNATURE OF DISTRICT DEPUTY DIRECTOR OF MAINTENANCE	DATE
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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. Direct any inquiries on information maintenance to your IPA Officer.

SUBMIT