

**LOCAL ROAD REHABILITATION
PROJECT CERTIFICATION****Local Agency Letterhead**To: (Regional Transportation Planning Agency)
(Address)

Date : _____

The City/County of _____ submits the following local road rehabilitation project for certification that the project is in compliance with California Transportation Commission guidelines.

Project

Description: _____

Street/Road	From ----- to -----	<u>Local Road Facility</u> (Pavement, drainage structure, bridge, cut slope, embankment, etc.)	PPNO	<u>Rehabilitation Strategy</u> (Resurfacing, chip seal, seal coat, restoration of existing facility, etc.)	<u>Service Life</u> (Years)

The project listed above meets the following standards:

- The type of work is eligible for local road rehabilitation, and excludes routine maintenance work, as described in Section II-D-9, "Eligibility of Rehabilitation Projects" of the *Procedures for Administering Local Agency Grant projects in the State Transportation Improvement Program*.
- For pavement rehabilitation, the estimated number of years the work will extend the service life of the facility is documented in a PSR or equivalent signed by a registered civil engineer.
- Pavement rehabilitation strategies with less than 10 years service life have been determined by a Pavement Management System (PMS) to be cost-effective and have a service life of 5 years or more. (Attach PMS certification if appropriate.)
- The work does not degrade any existing safety or geometric aspect of the facility.

City/County Signature: _____ Title: _____

Regional Transportation Planning Agency/County Transportation Commission Certification:

The _____ (Regional Transportation Planning Agency/County Transportation Commission) certifies the projects listed above meet California Transportation Commission guidelines.

Signature: _____ Title: _____ Date: _____

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