

**DOT-402 (4/8/2010) SOUTH DAKOTA DEPARTMENT OF TRANSPORTATION
APPLICATION FOR MEMORIAL HIGHWAYS AND AUTO TOUR ROUTE SIGNS**

APPLICANT INFORMATION

Name: _____
Representing: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____ Fax Number: _____
Email Address: _____

APPLICATION FOR: MEMORIAL HIGHWAY or AUTO TOUR ROUTE

ASSURANCE:

a. MEMORIAL HIGHWAYS:

Proposed Wording on Sign: _____

Specify the individual or groups historic significance to the State of South Dakota or to the United States (use additional sheets if needed): _____

b. AUTO TOUR ROUTE:

Proposed Auto Tour Route name: _____

Specify what makes the route of particular cultural, historical or educational significance (use additional sheets if needed): _____

HIGHWAY NUMBER AND BEGIN AND ENDING POINT OF ROUTE TO BE SIGNED:

Attach a map of route or routes to be signed.

Attach any letters of support, resolutions by supporting governmental entities, or applicable information.

APPLICATION FEE ATTACHED: \$600

APPLICANTS CERTIFICATION

I certify that the above and foregoing statements are true and correct and I will inform the Department of any changes to the above indicated information that may affect the availability of the service provided in accordance with the State Law, and Manual on Uniform Traffic Control Devices. I hereby agree to submit the application fee of \$600 which is attached.

Applicant's signature

Date

Submit Application, Map and Fee to: Operations Support
SDDOT 700 East Broadway
Pierre, SD 57501
(605 773-3571)