Dear Sir/Madam:

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

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 or email our office at (501) 569-2088 or gail.scott@ardot.gov.

Mailing Address:
Arkansas Department of Transportation
Attn: Beautification Section – Right of Way Division
P.O. Box 2261
Little Rock, AR 72203-2261
Fax: (501) 569-2018

Sincerely,

Jeff Ingram
Section Head, Beautification Right of Way Division

Enclosure: TODS Application Packet
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

TOURIST ORIENTED DIRECTIONAL SIGNING (TODS) FEES

<table>
<thead>
<tr>
<th>Application Fee</th>
<th>$25.00 (Per application)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Installation Fee</td>
<td>$50.00 (Per sign on state right of way)</td>
</tr>
<tr>
<td>Annual Maintenance Fee</td>
<td>$50.00 (Per sign on state right of way)</td>
</tr>
<tr>
<td>Removal/Cover Fee</td>
<td>$50.00 (Per sign on state right of way)</td>
</tr>
</tbody>
</table>

Revised 9/2017
Name of Business/Facility

Name of Applicant/Owner/Manager

Business Mailing Address

City

State

Zip Code

BUSINESS LOCATION DATA

Business Location

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? 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 and 6 months a year

Adequate parking accommodations

Commercial Interest

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 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 and 6 months a year

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

Telephone

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 8 hours a day, 5 days a week one of which is Saturday and 6 months a year

***APPLICANT CONTINUE TO PAGE 2***

FOR OFFICIAL USE ONLY

Highway Section Log Mile County

Inspector Date Inspected

APPROVED DENIED GPS

Permit No. Application No.

Check No. Installation Fee Annual Maint. Fee

Check Amount Amount Applied to Permit

APPROVED

DENIED

APPLICATION CONTINUE TO PAGE 2

Main lane Turn Mileage

N/B

S/B

E/B

W/B

1-TRAIL

2-TRAIL

3-TRAIL

Revised 1/2016
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 permitee 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)

[Blank space for business name]

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:  
Revised 1/2016

Page 2 of 2
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.

<table>
<thead>
<tr>
<th>1</th>
<th>Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Business name/disregarded entity name, if different from above</td>
</tr>
<tr>
<td>3</td>
<td>Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</td>
</tr>
<tr>
<td>4</td>
<td>Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</td>
</tr>
<tr>
<td>5</td>
<td>Address (number, street, and apt. or suite no.) See instructions.</td>
</tr>
<tr>
<td>6</td>
<td>City, state, and ZIP code</td>
</tr>
<tr>
<td>7</td>
<td>List account number(s) (optional)</td>
</tr>
<tr>
<td>Part I</td>
<td>Taxpayer Identification Number (TIN)</td>
</tr>
<tr>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>Note: If the account is in more than one name, see the instructions for line 1. Also see What Name and Number To Give the Requester for guidelines on whose number to enter.</td>
<td></td>
</tr>
<tr>
<td>Social security number</td>
<td></td>
</tr>
<tr>
<td>or</td>
<td></td>
</tr>
<tr>
<td>Employer identification number</td>
<td></td>
</tr>
<tr>
<td>Part II</td>
<td>Certification</td>
</tr>
<tr>
<td>Under penalties of perjury, I certify that:</td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
</tr>
<tr>
<td>3. I am a U.S. citizen or other U.S. person (defined below); and</td>
<td></td>
</tr>
<tr>
<td>4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
</tr>
</tbody>
</table>

Sign Here | Signature of U.S.person* | Date* |
---|---|---|

cat. no. 10231x

Form W-9 (Rev. 10-2018)
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.
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.
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.
TODS SIGN MANUFACTURERS

Arkansas Sign & Barricade, Inc. 10601 Otter Creek East Blvd. Mabelvale, AR 72103
Phone: (501) 653-2300
Fax: (501) 653-2301
hsewell@asbtrafficcontrol.com

Banner Sign & Barricade
1801 East 17th St.
Little Rock, AR 72202
Phone: (501) 372-5978
Toll Free: (800) 336-9875

Condray Sign & Advertising Co.
1107 East Harding Ave.
Pine Bluff, AR 71601
Phone: (870) 534-5210
Email: keri@condraysigns.com

Fast Signs
3503 Sowell Ln.
Texarkana, TX 75503
Phone: (903) 831-7446
Fax: (903) 831-7449

Gibson’s Sign-Mart
1021 Neil Dr.
Jonesboro, AR 72401
Phone: (870) 972-8693
Fax: (870) 935-6537

Hall Signs, Inc.
4495 West Vernal Pike
Bloomington, IN 47404
Toll Free: (800) 284-7446

Interstate Highway Sign Co.
7415 Lindsey Rd.
Little Rock, AR 72206
Phone: (501) 490-4242

Interstate Logos, Inc.
5551 Corporate Blvd., 2nd Floor
Baton Rouge, LA 70808
Phone: (225) 932-9796
Toll Free 1-800-468-7805

Seiz Sign Co.
1231 Central Ave.
Hot Springs, AR 71901
Phone: (501) 623-318
Fax: (501) 623-4595
Manufactured TODS signs are to be shipped to the ArDOT District Office in the county where they will be erected.

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

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