

Date: _____

Arkansas' Bridge Inspection Program
For Owners

Designated Contact Person

The individual named below is hereby designated the principal contact person between this owner and the Arkansas Department of Transportation in matters relating to inventory, inspection and load rating of bridges on the public highway system.

Designated Contact:

Name: _____

Title: _____

Mailing Address: _____

Phone Number: _____

Official's Signature: _____

City Mayor/Administrator or County Judge

Official email: _____

Name of City or County: _____

FORWARD THIS COMPLETED FORM TO YOUR ARDOT DISTRICT CONSTRUCTION ENGINEER.