



ARKANSAS DEPARTMENT OF TRANSPORTATION

ARDOT.gov | IDriveArkansas.com | Lorie H. Tudor, P.E., Director

10324 Interstate 30 | P.O. Box 2261 | Little Rock, AR 72203-2261

Phone: 501.569.2000 | Voice/TTY 711 | Fax: 501.569.2400

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

Dear Sir/Madam:

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 our office at **(501) 569-2088**.

A handwritten signature in black ink, appearing to read 'William Reynolds', is positioned above the typed name.

William Reynolds
Section Head
Beautification Section
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

Application Fee	\$25.00 (Per application)
Installation Fee	\$50.00 (Per sign on state right of way)
Annual Maintenance Fee	\$50.00 (Per sign on state right of way)
Removal/Cover Fee	\$50.00 (Per sign on state right of way)



ARKANSAS DEPARTMENT OF TRANSPORTATION
Tourist Oriented Directional Signing (TODS) Application
 (Excludes freeways or interstate highway use)

Name of Business/Facility _____

Phone _____

Name of Applicant/Owner/Manager _____

Email Address _____

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 _____

 Yes

 No

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
- Adequate parking accommodations

Commercial Interest

- 15 Mile Distance
- License or Permit where required
- Restrooms
- 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

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
- 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 OFFICAL USE ONLY

Highway _____ tit e _____ Lo it e _____ County _____

Inspector _____ Date Inspected _____

APPROVED DENIED GPS _____

Permit No. _____ Application No. _____

Check No. _____ Installation Fee _____ Annual Maint. Fee _____

Check Amount _____ Amount Applied to Permit _____

	Main lane	Turn	Mileage
N/B	_____	_____	_____
S/B	_____	_____	_____
E/B	_____	_____	_____
W/B	_____	_____	_____
1-TRAIL	_____	_____	_____
2-TRAIL	_____	_____	_____
3-TRAIL	_____	_____	_____



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 permittee 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)

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: _____

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 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.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	Exempt payee code (if any)
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.	Exemption from FATCA reporting code (if any)
	<input type="checkbox"/> Other (see instructions) ▶	_____ <small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code		
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

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.

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.

Social security number									
				-					
or									
Employer identification number									
				-					

Part II Certification

Under penalties of perjury, I certify that:

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
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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

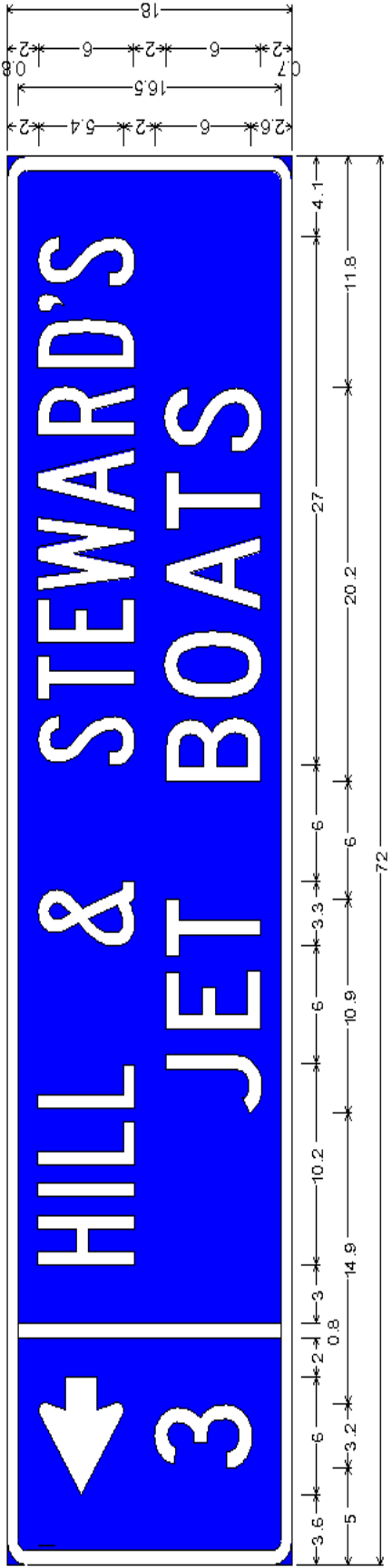
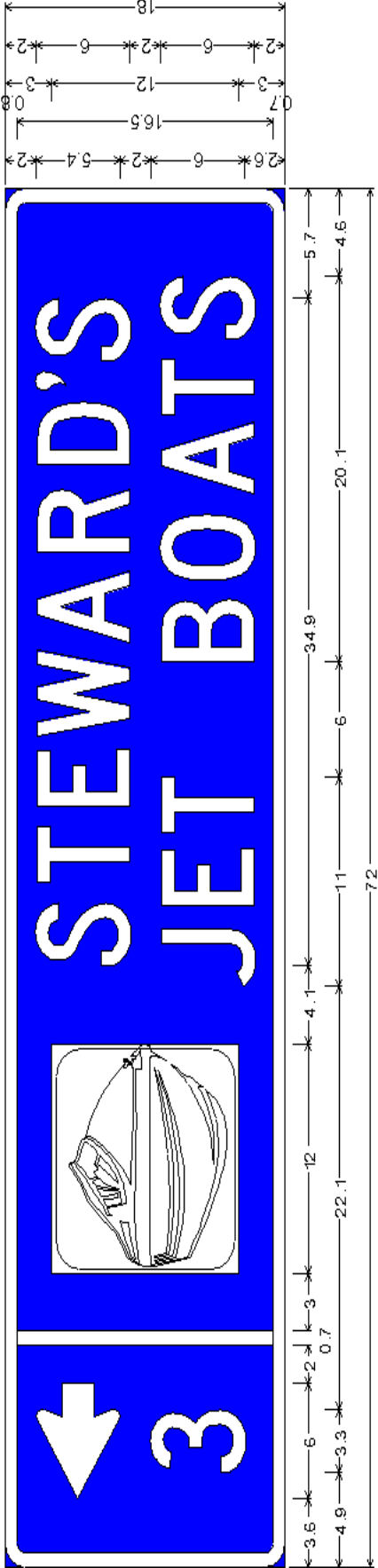
- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

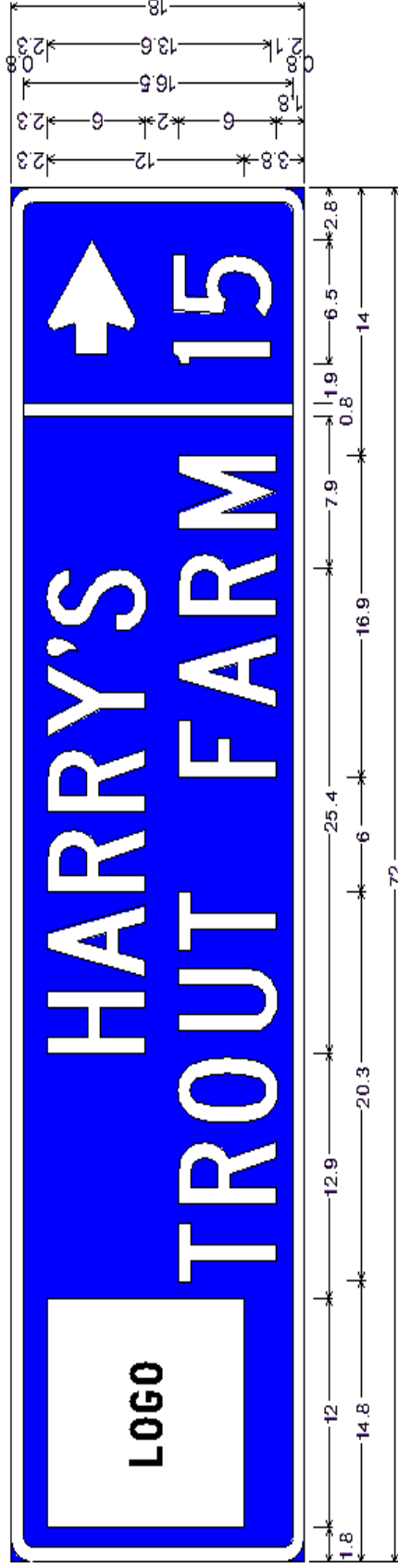
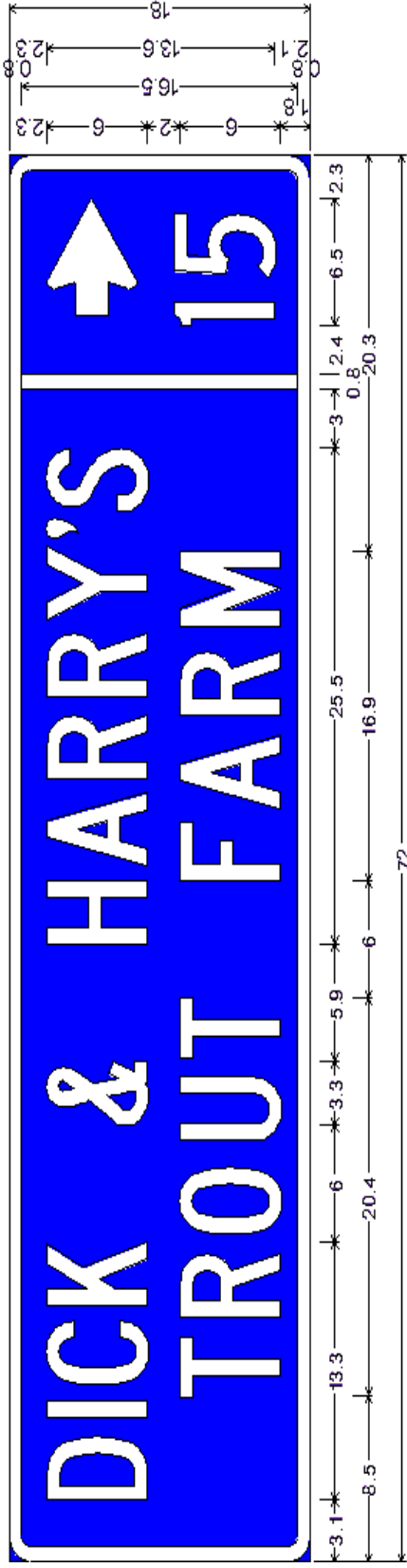
Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

TYPICAL TODS SIGNS



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.



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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

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

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

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

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

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

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

Seiz Sign Co.
1231 Central Ave.
Hot Springs, AR 71901
Phone: (501) 623-318
Fax: (501) 623-4595

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



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Manufactured TODS signs are to be shipped to the ARDOT District Office in the county where they will be erected.

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

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



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 permittee 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 permittee 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).