



MARYLAND STATE HIGHWAY ADMINISTRATION
 OFFICE OF TRAFFIC & SAFETY
 LOGO Signing Program
 7491 Connelley Drive
 Hanover, MD 21076

SPECIFIC SERVICE – (LOGO)
 SIGNING APPLICATION
 REVISED 6/12

TYPE OF SERVICE Gas Food Lodging Camping One Service Per Application

Name of Business _____ Fed. ID # _____
 Applicant Name _____ Title _____
 Address _____
 City _____ State _____ Zip Code _____ Office Phone _____
 Billee Name _____ Title _____
 Address _____
 City _____ State _____ Zip Code _____ Phone _____
 E-mail Address _____ Preferred Response Type E-Mail Letter

Business Location Information -- Clearly identify interchange. All fields are required. --

County _____

Main Interstate Route # _____ Exit # _____ Direction of Travel _____

Minor Intersecting Route _____

MINIMUM REQUIREMENTS for SERVICES (Check all that apply for applicable service)

Gas	Food	Lodging	Camping
<input type="checkbox"/> 1 Mile Distance	<input type="checkbox"/> 3 Miles Distance	<input type="checkbox"/> 3 Miles Distance	<input type="checkbox"/> 15 Miles Distance
<input type="checkbox"/> Fuel Gas/Diesel	<input type="checkbox"/> 3 Meals/Day & Open by 7 AM	<input type="checkbox"/> At Least 10 Rooms	<input type="checkbox"/> At Least 10 Campsites
<input type="checkbox"/> Oil & Water	OR	<input type="checkbox"/> Open Year Round	<input type="checkbox"/> Parking For Each Campsite
<input type="checkbox"/> Public Restroom	<input type="checkbox"/> 2 Meals/Day & Open by 11 AM	<input type="checkbox"/> Telephone Access	<input type="checkbox"/> Public Drinking Water
<input type="checkbox"/> Telephone Access	<input type="checkbox"/> Continuous Operation	<input type="checkbox"/> Approved State/Local Permit	<input type="checkbox"/> Sanitary Facilities
<input type="checkbox"/> Public Drinking Water	<input type="checkbox"/> Open 6 Days/Week		<input type="checkbox"/> Telephone Access
<input type="checkbox"/> Open 16 Hrs. / 7 Day	<input type="checkbox"/> Telephone Access		<input type="checkbox"/> All Weather Access
	<input type="checkbox"/> Seat 20 or More		<input type="checkbox"/> Open April 1 thru November 1
	<input type="checkbox"/> Approved State/Local Permit		

CERTIFICATION

I certify that the above statements are true and correct and that I will inform the Department of any changes to the above indicated information that may affect the availability of the service provided.

SIGNATURE (Applicant) _____ Date _____

NOTICE!
 FALSIFICATION OF THE ABOVE STATEMENTS WILL RESULT IN THE DENIAL OR REVOCATION OF THIS APPLICATION

-- FOR OFFICE USE ONLY --

APPROVED DENIED Date: _____

Mileage: _____

Comments: _____

SIGNS:	MAINLINES	RAMPS	TRAILBLAZERS
Northbound	_____	_____	_____
Southbound	_____	_____	_____
Eastbound	_____	_____	_____
Westbound	_____	_____	_____

SIGNATURE (District Representative) _____ Date _____