

# HIGHWAY SAFETY Selective Traffic Enforcement Program (STEP) APPLICATION

Montana Department of Transportation

State Highway Traffic Safety Bureau

2701 Prospect Avenue

P.O. Box 201001

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## Section 1. Project Identification

## Overtime Law Enforcement

### Selective Traffic Enforcement Program

<b>Applicant Agency:</b>			
Address:			
City	State	Zip	Phone
County	Agency E-Mail of Contract Signer		
Taxpayer Identification Number (FEIN or TIN):			
Private Nonprofit (circle one): <input type="checkbox"/> Yes (If yes, attach IRS Documentation) <input type="checkbox"/> No			
<b>Project Director:</b>			
Address			
City	State	Zip	Phone 406-
County	E-Mail		
<b>Point of Contact (who should we call)</b>			<b>Title</b>
Address			
City	State	Zip	Phone
County	E-Mail		
<b>Signature of Authorized Representative:</b>			<b>Date:</b>