State of Montana
Department of Transportation Outdoor Advertising Control
THIS FORM MUST BE COMPLETED IN FULL

Non-Profit Sign Owner – Sponsor Recognition: Permit Application

For Locations Adjacent to Interstate and Federal Aid Primary Highways and the National Highway System

SIGN OWNER

		For Official Use Only
1. Name	Area Code – Telephone Number	Permit Number
Mailing Address		Date Issued
City, State, ZIP Code		Expiration Date
Contact Person - E-Mail Address		Permit Status REVOCABLE

LOCATION

Highway #	Nearest Milepost	Side of Highway
City	County	Distance & Direction to Nearest Sign

SPONSORS TO BE RECOGNIZED

Name:	Address:
Name:	Address:
Name:	Address:

DESCRIPTION OF RECOGNITION

(Check Here) ____ Permanent Plaque(s)

- Number of Plaques (cannot exceed three): _____
- Size of Plaques: _____

(Check Here) ____ Reader Board ____ Electronic Screen

- Description of message (s) recognizing sponsors: _____
  _____
  _____
- Duration of message(s) per 14 day period _____

SIGN OWNER CERTIFICATION

I agree to abide by the provisions of this application and 75-15-101, et seq., Montana Codes Annotated, and 18.6.201, et seq., Administrative Rules of Montana.

Signature_____ **Date**_____

FOR OFFICE USE ONLY

I hereby recommend _____ Date_____
(Approval/denial)

Signature_____ Local Government Authority_____

Application_____ Date_____
(Approved/denied)

Signature_____
Coordinator, Outdoor Advertising Control

RESTRICTED USE PERMIT APPLICATION