

## STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION

## **ADOPT-A-HIGHWAY PROGRAM APPLICATION**

ADOPT-A-HIGHWAY MTCE 018 (REV 06/2008)

Please call 1-866-ADOPTAHWY for assistance in completing this form.

ADOPTION TYPI	E (Check one	adoption ty	ре ре	r application.	)									
Litter Removal			☐ Vegetation Control¹								☐ Wildflower Planting <sup>1,2</sup>			
☐ Graffiti Removal				☐ Vegetation Control With Litter Removal (Ramps)¹							☐ "Spot" Wildflower Planting <sup>1,3</sup>			
☐ Tree and Sh	nrub Planting <sup>1</sup>	,2		Other, Descri	ibe:									
APPLICANT INF	ORMATION (B	usinesses i	must :	submit a cop	y of their l	business lice	ense or otl	ner proof	of bus	iness n	ame.)			
INDIVIDUAL, ORGANIZA	ATION, OR BUSINE	ESS NAME					WORK WILL		_				Cambrastan	
ADDRESS					CITY		Voluntee	s: Aged	Aged 16		5+	Hired Contractor   ZIP CODE		
										STATE				
NAME OF PRIMARY CONTACT				TITLE	•			E-MA	IL				_	
PHONE NO.	HONE NO. ALT. PHONE NO.			FAX ALTERNATE CONTACT (Requ				uired)	ired) ALT. CONTACT'S PH				'S PHONE NO.	
LOCATION(S) R												quested	location	
COUNTY	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ROUTE		T MILE RANGE AN					TION(S)					
								□ No	orth Bound					
DESCRIPTION OF LOCATION (Landmark, cross street, ramp etc.)							☐ South Bound ☐ West Bound							
COUNTY ROUTE I		POST	OST MILE RANGE AND LOCATION TYPE (if known)					DIRECTION(S)  North Bound East Bound						
DESCRIPTION OF LOCATION (Landmark, cross street, ramp etc.)								<b>∃</b>			<del></del>			
								∐ Sc	outh Bo	und _	_ Wes	t Bound		
COUNTY			POST MILE RANGE AND LOCATION TYPE (if known)					DIRECTION(S)  North Bound East Bound						
DESCRIPTION OF LOCATION (Landmark, cross street, ramp etc.)								So	outh Bo	und [	Wes	t Bound		
COUNTY ROUTE		ROUTE	POST MILE RANGE AND LOCATION TYPE (if known)						TION(S)	und [	¬	t Dound		
DESCRIPTION OF LOCATION (Landmark, cross street, r			np etc.)					☐ North Bound ☐ East Bound						
									outh Bo	und _	Wes	t Bound		
AUTHORIZED S		120					T							
The Adopt-A-High Signs will display their logo along wi documents have b	the name of the in th their name, or	ndividual, orga	anizatio	on, or business p	providing the	adoption servi	ce. Subject to	o approval	, organiz	ations an	d busine	esses may	display	
SIGNATURE OF APPLICANT'S PRIMARY CONTACT									DATI	≣				
<sup>1</sup> Plans and schedule licensing or certifica <sup>2</sup> Tree and shrub pla	ation by the Depa	rtment of Pes	sticide F	Regulation.			l be required	and the a	pplicator	must sub	mit prod	of of appro	priate	
<sup>3</sup> Spot wildflower plan					ouna vegeta	aron control.								
PERSONAL INFOR is hereby given for the facilitate the process mation will be made personal information	ne request of persifying of this form. unless permissibulin any record ma	sonal informat The failure to le under Articl aintained on th	tion by t provide le 6, Se ne indiv	this form. The re e all or any part o ection 1798.24 o ridual by an iden	equested per of the reque of the IPA of utifying partic	rsonal informati sted information 1977. Each ind cular.	on is volunta n may delay dividual has t	ry. The processing the right up	rincipal p g of this f oon requ	urpose of form. No est and pr	the voludisclosuroper ide	untary inforure of person	rmation is to onal infor- to inspect all	
ADA NOTICE: For Records and Forms						anemale forma	us. rui iniof	nauon cal	ט (סופ) ט	JJ-300/ 0	טטויי (	ə io) 054-3	ooou oi write to	
CONTRACTOR II		(Complete	only i				actor on b	ehalf of a	spons	or grou	p.)			
CONTRACTOR'S BUSII	NESS NAME			CONTRACTOR R	KEPRESENTA	ATIVE	Re	ecognition	n Panel	Installati	ion and	d Remova	l Requested	
SIGNATURE OF CONTRACTOR'S REPRESENTATIVE								DATE						