



ARKANSAS DEPARTMENT OF TRANSPORTATION

ArDOT.gov | IDriveArkansas.com | Scott E. Bennett, P.E., Director

RIGHT OF WAY DIVISION

10324 Interstate 30 | P.O. Box 2261 | Little Rock, AR 72203-2261  
Phone: 501.569.2311 | Fax: 501.569.2018 | Toll Free: 877.569.0120

Dear Sir/Madam:

RE: Restore Sign Visibility Policy (RSVP) Permit

Thank you for your inquiry pertaining to the Department's RSVP Program. Enclosed are the Department's regulations, an application, and a form W-9.

Please submit the completed application and all requested items at the bottom of the application to the mailing address below.

If you have any questions please call or email our office at (501) 569-2088 or [gail.kendrick@ardot.gov](mailto:gail.kendrick@ardot.gov).

Mailing Address:  
Arkansas Department of Transportation  
Attn: Beautification Section – Right of Way Division  
P.O. Box 2261  
Little Rock, AR 72203-2261

Fax: (501) 569-2018

Sincerely,

A handwritten signature in black ink that reads 'Jeff Ingram'.

Jeff Ingram  
Section Head, Beautification  
Right of Way Division

Enclosure: RSVP Application Packet



ARKANSAS DEPARTMENT OF TRANSPORTATION
Restore Sign Visibility Policy (RSVP)
Application

PLEASE PRINT OR TYPE

Name of Business/Facility Existing Sign Permit #
Name of Applicant/Owner/Manager Title
Email Address Phone
Business Mailing Address City State Zip Code

SIGN LOCATION DATA

Highway County Nearest City/Town
Geographical Location (Decimal Degrees): Latitude Longitude
Side of Highway (N, S, E, W)

DESCRIPTION OF WORK

[Blank lines for description of work]

REQUIRED ATTACHMENTS

- Checkboxes for: A completed, signed and dated RSVP application form; A diagram or satellite image of the proposed work area; Proof of current liability insurance; Proof of accessory bond in case of right of way damage; Photo of the sign; Landowner permission statement; Permission statement(s) from neighboring landowners; Enclose a check or money order made payable to the Arkansas Department of Transportation, in the amount of \$160.00.

Please submit application and all attachments to the Arkansas Department of Transportation, Right of Way Division, P.O. Box 2261, Little Rock, AR 72203.

\*\*\*APPLICANT CONTINUE TO PAGE 2\*\*\*

-FOR ARDOT BEAUTIFICATION SECTION USE ONLY-

Check No. Check Amount Date Check Received



**ARKANSAS DEPARTMENT OF TRANSPORTATION**  
**Restore Sign Visibility Policy (RSVP)**  
**Application**

**CERTIFICATION**

I certify that I have the authority to sign this agreement on behalf of \_\_\_\_\_. I have read the terms of the Restore Sign Visibility Policy and I certify that \_\_\_\_\_ will abide by sign company all terms of this agreement and will accept the penalties imposed by the Arkansas Department of Transportation for violations that occur, including fines or forfeiture of the subject sign.

Applicant Name (Please Print): \_\_\_\_\_ Title \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**-FOR ARDOT USE ONLY-**

Approved  Denied  Date Approved/Denied \_\_\_\_\_

RSVP Permit Number \_\_\_\_\_

Work Allowed: \_\_\_\_\_

District Approval Yes  No  District Approval Date \_\_\_\_\_

Environmental Approval Yes  No  Environmental Approval Date \_\_\_\_\_

Gate Installation Yes  No  FHWA Approval Date \_\_\_\_\_

Highway \_\_\_\_\_ Section \_\_\_\_\_ Log Mile \_\_\_\_\_

Comments \_\_\_\_\_

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