

APPLICANT INFORMATION

Name: _____
Representing: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone Number: _____ Fax Number: _____
Email Address: _____

APPLICATION FOR: MEMORIAL HIGHWAY or AUTO TOUR ROUTE

ASSURANCE:

a. MEMORIAL HIGHWAYS:

Proposed Wording on Sign: _____

The legend displayed on memorial signs shall be limited to the name of the person or entity being recognized and a simple message preceding or following the name, such as "Dedicated to" or "Memorial Parkway." Additional legend, such as biographical information, shall not be displayed on memorial signs. Decorative or graphical elements, pictographs, logos, or symbols shall not be displayed on memorial signs. The route number or officially mapped name of the highway shall not be displayed on the memorial sign. Memorial names shall not appear on supplemental signs or on any other information sign on or along the highway or its intersecting routes. The lettering for the name of the person or entity being recognized may be composed of a combination of lower-case letters with initial upper-case letters.

Provide information describing the individual or groups historic significance to the State of South Dakota or to the United States. The information submitted will be what the Transportation Commission uses to consider and evaluate the request. Please be as specific and complete as possible and provide adequate details. Utilize the following guidelines (add additional sheets as necessary):

- ❖ A memorial highway can be named after an event, person, or organization.
- ❖ The named entity should be associated with activities or events that have made a significant contribution to the broad patterns of South Dakota history.
 - Guideline for this requirement could be documentation in commonly recognized history texts.
 - The application process requires a detailed explanation and documentation of the historical significance.
- ❖ Statewide historical significance of the event, person, or group should be directly related to the geographic area known as South Dakota.
- ❖ The event, person, or group of national historical significance should have direct association with the state of South Dakota.
- ❖ The person or persons should be deceased for at least 5 years.

JUSTIFICATION:

b. AUTO TOUR ROUTE:

Proposed Auto Tour Route name:

Specify what makes the route of particular cultural, historical or educational significance (use additional sheets if needed):

Attach a copy of the tour route symbol if applicable.

FOR EITHER A MEMORIAL HIGHWAY OR AUTO TOUR ROUTE, STATE THE HIGHWAY NUMBER AND BEGIN AND ENDING POINT OF ROUTE TO BE SIGNED:

- ❖ *Attach a map of route or routes to be signed.*
- ❖ *Attach any letters of support, resolutions by supporting governmental entities, or applicable information.*
- ❖ *Attach \$600 Application Fee*

CERTIFICATION OF APPLICANTS:

I certify that the above and foregoing statements are true and correct and I will inform the Department of any changes to the above indicated information that may affect the availability of the service provided in accordance with State Law, and Manual on Uniform Traffic Control Devices.

Applicant's signature

Date

Submit Application, Documentation, Fee and Map to: Operations Support
SDDOT 700 East Broadway
Pierre, SD 57501
(605) 773-3571