STATE OF NEW HAMPSHIRE
DEPARTMENT OF TRANSPORTATION

REQUEST TO REPLACE DAMAGED TOURIST ORIENTED DIRECTIONAL SIGN

Request is hereby made to replace an existing damaged or deteriorated tourist oriented directional sign within the State highway right-of-way in accordance with the provisions of Tra 602 Tourist Oriented Directional Signs.

Please note: This form can only be used to request replacement of a damaged or deteriorated tourist directional sign for a like sign with the same business name. A change in business name requires an application for a new tourist oriented directional sign. For further information please contact that Outdoor Advertising Control Section at (603) 271-8124.

Forward completed application to:  Outdoor Advertising Control
NH DOT-Bureau of Traffic
PO Box 483
Concord NH  03302-0483

Name of Business: ____________________________________________________________ Tel. No.: _________________________
Physical Address of Business: __________________________________________________
Mailing Address of Business (if different than above): ________________________________
Contact Person: ______________________________________________________________ Contact Tel. No.: ________________________

Sign Location:
Highway: ___________________________ City or Town of: __________________________

Indicate legend to be displayed on sign panel. Copy is limited to two lines and may consist of the business name, generic symbol if applicable and essential directional information only.

____________________________________________________________________________

I hereby certify, to my best knowledge and belief that my establishment continues to meets the eligibility requirements for tourist oriented directional signs under Tra 602.

Business Days: __________________________________ Business Hours: __________________________
Seasonal Businesses (Describe operating season)
Date Open: __________________________________ Date Closed: ____________________________

Date: __________________________ Signature of Applicant: ______________________________
Title: ______________________________

FOR OFFICE USE ONLY

PERMIT NUMBER: _______ DI STRICT: _______________ STANDARD SIGN TYPE: _____________
COMMENTS: