

1/3/2012

**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**  
**NHDOT-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: \_\_\_\_\_ DISTRICT: \_\_\_\_\_ STANDARD SIGN TYPE: \_\_\_\_\_

COMMENTS: