KENTUCKY TRANSPORTATION CABINET
Department of Highways
DIVISION OF MAINTENANCE
PERMITS BRANCH

TC 99-206
Rev. 01/2015

ADVERTISING DEVICE BIENNIAL CERTIFICATION FORM

SECTION 1: CERTIFICATION TYPE & LOCATION

DISTRICT #

1 ☐ Legal Renewal
☐ Nonconforming Update
2 ☐ NHS or FAP
☐ Interstate or Parkway
☐ Scenic
3 ☐ Electronic
☐ Static

SECTION 2: DEVICE AND PERMITTEE INFORMATION

Device KEPT #s		

Permittee or Owner Name: _____

Contact Person: _____

Address: _____

Email Address: _____

Office Number: _____

Mobile Number: _____

Electronically submit this form with detailed digital photographs of the front and back of each facing of each device.

As a legal representative of the above permittee or owner, I certify that the referenced device(s) have been maintained in accordance with and currently meet the requirements of all applicable outdoor advertising statutes and regulations. I understand that if the information submitted and certified on this form is intentionally false or misleading, the permit for the device(s) shall be revoked and the device(s) shall be removed pursuant to KRS 177.870.

_____ / _____ / _____

Permittee or Owner Signature | Date | Title