



<b>Terminus:</b>	<b>Total Mileage:</b>			

**By signing below, the applicant attests to the following statements:**

The state affirms that this application complies with the current *Purpose and Policy in Establishment and Extending United States Bicycle Routes*.

The state also affirms concurrence from all regional and local agencies that have ownership or operational authority over any part of the proposed routing of the U.S. Bicycle Route within this state.

<b>Member State</b>	<b>Signature of State DOT Chief Executive Officer or other authorized official</b>	<b>Date</b>
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*(A letter from your Member State Chief Executive Officer with a signature is sufficient for the completion of this application, if the agency chooses not to include the signature on this form.)*

**Member State contact person:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

City / State / ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_

FAX: \_\_\_\_\_

E-Mail: \_\_\_\_\_