



APPLICATION FOR DESIGNATION OF A U.S. BICYCLE ROUTE – Fall 2020

Member State Submitting Application:

USBR No.

Date:

This is an application for (please check):

- Establishment of a new U.S. Bicycle Route or segment
- Extension of a U.S. Bicycle Route or segment
- Relocation/Realignment of an existing U.S. Bicycle Route
- Deletion of a U.S. Bicycle Route or segment

Route Connects

and

_____ (e.g., State Border, International Border, Existing US Bicycle Route, etc.)

The following state or states are involved:

Explanation and Reason for Request:

Map and Route Log

Attachment A: Map (PDF the map in color and attach to this form)

Attachment B: Route Log

Use the following form (or similarly formatted spreadsheet file labeled “Attachment B” and submitted with your application) for turn-by-turn details of the U.S. Bicycle Route you are proposing for designation.

Starting Point of Route or Realignment	Miles traveled on this facility	Cumulative miles	Turn location and road name/ designation	General Direction of Travel

Terminus:	Total Mileage:			

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.

Member State	Signature of State DOT Chief Executive Officer or other authorized official	Date
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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: _____