

AMERICAN ASSOCIATION OF
STATE HIGHWAY AND
TRANSPORTATION OFFICIALS



**APPLICATION FOR DESIGNATION OF A
U.S. BICYCLE ROUTE**

Member State Submitting Application: _____

Date: _____

This is an application for (please check):

- Establishment of a new U.S. Bicycle Route or segment
- 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: _____

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 | Turn location and road name/ designation | General Direction of Travel |
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| 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 agrees and pledges its good faith that it will not erect, remove, or significantly alter any U.S. Bicycle Route, including markers and/or maps, without the authorization, consent, or approval of the *Standing Committee on Highways of the American Association of State Highway and Transportation Officials*, notwithstanding the fact that the changes proposed are entirely within this State.

The state 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

(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:
