



Notification of Special Event on State Highways

Please provide the following information for each item below that applies to your event:

Contact information: _____

Sponsoring Organization: _____

Name of Signature Authority: _____

Address: _____

City: _____

State: _____

Zip code: _____

Phone: _____

Signature Authority E-mail: _____

Event or activity website address: _____

Name of the event or activity: _____

Describe the event or activity:

Date and time event or activity starts:

Date and time event or activity finishes:

Name of the city the event or activity begins in and the cross streets:

Name of the city the event or activity ends in and the cross streets:

Number of participants:

Did this event or activity happen previously? (month, day, year)

Will there be road closures?

Have you prepared a traffic control plan that complies with the Manual on Uniform Traffic Control Devices (MUTCD):
(lane or road closures)

Describe how and where support/escort vehicles will operate:

Provide information about event participant compliance with laws pertaining to the use of state highways during the course of event:

Be prepared to provide a copy of the registration and event or activity waiver.

Contact the nearest WSDOT Regional Traffic Office if you need help completing this form. The form can be submitted electronically, or, you can submit a paper copy to the nearest WSDOT Regional Traffic Office.