

Application is made by the undersigned to enter upon the highway right-of-way for:

Special Event Name: \_\_\_\_\_

Event Description: \_\_\_\_\_

Event Location: Highway: \_\_\_\_\_ Beginning M.P. \_\_\_\_\_ Ending M.P. \_\_\_\_\_ In or Near: \_\_\_\_\_

Event Date(s): From \_\_\_\_\_ to \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Title: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Organization Name: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

A Certificate of Insurance in accordance with the ADOT Permits Insurance Matrix, naming the State of Arizona and the Arizona Department of Transportation as additional insureds as their interest may appear, is a requirement of this permit and is attached herein and made part of the application. Such insurance shall be kept in force by the permittee for the term of the permit.

Permittee assumes all legal liability and financial responsibility for the event for the duration of the event, including indemnify, defend, and save harmless ADOT and the State of Arizona and any of its agents, directors, officers, employees from and against any and all claims, demands, suits, actions, proceedings, loss, costs, damages of every kind, or expenses, including court costs, reasonable attorney's fees and/or litigation expenses, and costs of claim processing and investigation, arising out of bodily injury or death of any person, or tangible or intangible property damage, caused, or alleged to be caused, in whole or in part, by the negligent or willful acts, or omissions of the Permittee, any of its directors, officers, agents, employees, volunteers, its contractors, subcontractors, vendors, or other entities being utilized for an event pursuant to a permit. This indemnity includes any claim or amount arising out of or recovered under the Workers' Compensation Law or arising out of the permittees failure to conform to any federal, state or local law, statute, ordinance, rule, regulation or court decree. Permittee agrees to provide ADOT with a certificate(s) of insurance consistent with the requirements stated in the ADOT Permit Insurance Matrix. Permittee is also obligated to provide certificates for its contractor(s) and vendors, or other entities being utilized if any. The required insurance shall be kept in force by the permittee and its contractor(s), vendors, or other entities being utilized for the term of the permit and shall not expire, be canceled or materially changed to affect coverage available to the State without thirty (30) days written notice to the State. Automobile and worker's compensation coverage requirements are dependent upon the use of employees and autos for the event. Please refer to the Matrix to determine requirements for coverage, limits, language and other insurance related items specific to each permit. ADOT reserves the right to require an increase or allow a decrease in insurance limits or coverage based on the risks and financial exposure arising out of the event or activity proposed in the permit application. **This application and subsequent permit are subject to review by the Arizona Department of Administration, Risk Management Division**

Traffic Control Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Traffic Control Representative Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Field Contact Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Will more than one Traffic Control Company be used for this event? YES NO

If yes, additional traffic control company information is required on page 2 of this application.

**TERMS ACCEPTED BY:**

Name of Applicant: \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**ADOT USE ONLY:** This application is approved with the following specifications, requirements and restrictions:

Permit No. \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Authorized ADOT Name: \_\_\_\_\_ Authorized ADOT Signature: \_\_\_\_\_ Authorized ADOT Name: \_\_\_\_\_ Authorized ADOT Signature: \_\_\_\_\_

Page 2: for Special Event Permits Utilizing more than one traffic control company for the event.

2nd Traffic Control Company: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Traffic Control Representative Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Field Contact Name: \_\_\_\_\_ Mobile No.: \_\_\_\_\_

3rd Traffic Control Company: \_\_\_\_\_ Phone No. \_\_\_\_\_  
Traffic Control Representative Name: \_\_\_\_\_ Email \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Field Contact Name: \_\_\_\_\_ Mobile No. \_\_\_\_\_

4th Traffic Control Company: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
Traffic Control Representative Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Field Contact Name: \_\_\_\_\_ Mobile No.: \_\_\_\_\_