



Check Appropriate Box:

Permit Application (Complete Parts A and B)

Report of Change (Complete Parts A, E, and F)

Report of Installation (Complete Parts A, D, and F)

F
Permit No. To be Assigned by Headquarters

A Applying for Reporting Agency	State Route	Milepost	Control Section	WSDOT Region	70% Rule By Speed	Population
	Location / Cross Street		County	City	City Population	
	Signal Type - Check Appropriate Boxes					
B Applying Agency - Application Information	Agency		Applicant Name		Date	
	Address			City	State	Zip Code
	Warrant Checklist		Hours Met			
	1. Eight-Hour Vehicular Volume		_____	6. Coordinated Signal System		
	2. Four-Hour Vehicular Volume		_____	7. Crash Experience		
	3. Peak Hour		_____	8. Roadway Network		
	4. Pedestrian Volume		_____	9. Non-MUTCD Warrant _____		
5. School Crossing		_____	10. Other _____			
Support Data Checklist - Check appropriate boxes and describe the problem being addressed by this installation						
Vehicular Volume Counts		Warrant Analysis	Speed Study			
Pedestrian Volume Counts		Projected Volumes	Accident Study			
Intersection Sketch		Gap Study	Other _____			
Problem Statement						
C Region Authorization	Under authority of RCW 46.61.085, the above described installation is authorized.					
	Signature - Region Administrator				Approval Date	
	Signature - Delegated to:					
Conditions of Permit						
D Operating Agency	Report of Installation (Fill in Agreement Number if Owning Agency does not operate and/or maintain the signal)					
	Turn-On Date		Agency Owning Signal		Agency Operating Signal	
	Control Type Cyclic Flashing		Agency Maintaining Signal		Agreement Number	
E Operating Agency	Report of Change (Report change in Type of Signal, Type of Control, or if signal was removed)					
	Signal Type Changed				Date Changed	
	From		To			
	Control Type Changed				Date Changed	
From		To				
Date Signal Removed		Reported By		Title	Date	