

LaDOTD USE ONLY

Date of Issue _____ Expiration Date _____ Permit # _____



**LOUISIANA DEPARTMENT OF TRANSPORTATION & DEVELOPMENT
TRAFFIC ENFORCEMENT SYSTEMS
POTENTIAL PERMIT LOCATION REQUEST**

A separate permit must be submitted and approved for each individual installation location and/or for each route if a mobile operation.

Name of Municipality Requesting Permit _____ Parish _____

Contact Name _____ Title _____

Mailing Address _____ Phone _____

City _____ State _____ Zip: _____ Email _____

***Attach Power of Attorney or Resolution authorizing this person to represent and legally bind this municipality.*

- Type of Traffic Enforcement System:
- Electronic Speed Enforcement System
 - Electronic Traffic Signal Enforcement System
 - Electronic Speed and Traffic Signal Enforcement System
 - Other _____

Permit Number (s) for Existing Traffic Enforcement System(s) at this location ONLY: (if one exists)

This permit is valid for 4 years from date of issue

All conditions of this permit are subject to the provisions of HR 140 of 2010 and the LaDOTD Policy on Traffic Enforcement Systems on State Highway Rights-of-Way policy. *I, the applicant, agree to hold harmless the DOTD and its duly appointed agents and employees against any action for personal injury or property damage sustained by reason of the exercise of this permit, whether or not the same may have been caused by the negligence of the DOTD, its agents, or its employees. I understand that this permit may be modified or rescinded at anytime at the discretion of the DOTD and any costs incurred as a result will be at my expense. I certify that the information contained herein is true, complete, and correct to the best of my knowledge. I understand that if any information contained herein is found to be falsified, this request and any permit issued based on this information shall be voided.*

The provisions of this permit are hereby accepted and agreed to this _____ day of _____ 20 _____ .

SIGNED _____ DATE _____

Municipality Representative Name _____

Municipality Representative Title _____

Attach Power of Attorney or Municipal Resolution which grants this representative binding authority.

The original signatures copy must be submitted to the LADOTD for processing.

Attach location map, crash diagram and local authority.