

## APPLICATION TO CONDUCT SPECIAL EVENT, CIVIC FUNCTION OR FILMING ON A HIGHWAY

Organization/Company Nam	Date of Application:
Phone	Event(s) Date:
Organization/Company Add	ss:
Agent Name:	Title:
Insurance Provider:	Policy #:
Event Description:	
Duration: From To	Highway #:
Proposed Route:	
Describe Traffic Control To I	Used (Signing, Barricades & Police Enforcement):
Is Detour Proposed:	Yes (Describe Below) No
Please attach a Map or Diag	am of the Route showing all control points and detours.
Please explain below the ne	essity for using the Non-Interstate Highway for this Event
Will animals or dangerous ve	icles, items or substances be used in the event?
If yes, explain	
Sponsor's Signature:	Date:
Co-Sponsor's Signature:	Date:

## \*\*\*\*\*\*FOR DEPARTMENT USE ONLY\*\*\*\*\*\*\* Roadway Functional Classification\_\_\_\_\_ Urban ☐ Rural AADT (Year Expect Delay (minutes)\_\_\_\_\_ Rolling or Periodic Filming at Posted Speed, No Closure Required Maintenance of Traffic Plan Required: Yes If No, check all required: Traffic Analysis Required? No Yes-If Yes, Level of Analysis\_\_\_\_\_ Site Specific Traffic Control Plan MMDOT Typical Traffic Control Layouts Police Closure NMDOT Typical Traffic Control Layouts No Traffic Control, Explain \_\_\_\_\_ Incident Management Plan List of Emergency Contacts Sufficient Formal Public Involvement Plan Print/Television Media Announcement Private Temporary VMS Department Supplied Temporary VMS District Permit Agent Date Date\_\_\_\_\_ District Traffic Engineer\_\_\_\_\_

Written Notification sent to State Traffic Operations Engineer, State Traffic Engineer and Chief Public Information Officer by \_\_\_\_\_\_ Date\_\_\_\_\_

Date\_\_\_\_

Date

FHWA Representative\_\_\_\_\_

(NHS and National Network Routes)

Acknowledge Receipt of Approved Permit

District PIO\_\_\_\_\_

## **INDEMNIFICATION AND HOLD HARMLESS AGREEMENT**

actin	g through its authorized agent,
agre	es to defend, protect,
indemnify, and hold harmless the New Mexico Department of Tr	ansportation (NMDOT)
harmless from all personal injury or property damage suffered by	y the
	, its members and
participates, the State, or by third parties resulting from the	to be
held on	at or
from	on the
following route(s)	
	Additionally
the above agrees to obtain liability insurance covering the event	
million dollars (\$1,000,000.00) per occurrence, which names the	NMDOT as an additional
insured. Sponsor shall provide NMDOT with a certificate of insu	rance in a form satisfactory to
NMDOT as evidence fo the insurance coverage at least seven (	7) days prior to the event.
Failure to timely provide a certificate of insurance shall be groun	ds for cancellation of NMDOT's
approval of the closing of a state highway for the special public	event or civic function.
Sponsor's Signature	
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Authorized Agent Signature	
SUBSCRIBED AND SWORN to before me thisda	v of . 20
44 <u></u>	, 50
Notary Public Signature	
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My Commission Expires:	