Washington State Department of Transportation

Traffic Signal Permit

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

- ☐ Conventional
- ☐ Emergency Vehicle
- ☐ Intersection Control Beacon
- ☐ Moveable Bridges
- ☐ Ramp Meter
- ☐ Reverse Lane
- ☐ School
- ☐ Temporary
- ☐ Other (Specify)

B Applying Agency - Application Information

Agency	Applicant Name	Date

Address	City	State	Zip Code

Warrant Checklist — Hours Met

- ☐ 1. Eight-Hour Vehicular Volume _____
- ☐ 2. Four-Hour Vehicular Volume _____
- ☐ 3. Peak Hour _____
- ☐ 4. Pedestrian Volume
- ☐ 5. School Crossing
- ☐ 6. Coordinated Signal System
- ☐ 7. Crash Experience
- ☐ 8. Roadway Network
- ☐ 9. Non-MUTCD Warrant _____
- ☐ 10. Other _____

Support Data Checklist - Check appropriate boxes and describe the problem being addressed by this installation

- ☐ Vehicular Volume Counts
- ☐ Pedestrian Volume Counts
- ☐ Intersection Sketch
- ☐ Warrant Analysis
- ☐ Projected Volumes
- ☐ Gap Study
- ☐ Speed Study
- ☐ Accident Study
- ☐ Other _____

Problem Statement

C Region Authorization

Under authority of RCW 46.61.085, the above described installation is authorized.

_____ _____
Approval Date

- ☐ Signature - Region Administrator
- ☐ Signature - Delegated to:

Conditions of Permit

D Operating Agnecy

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 Agnecy

Report of Change (Report change in Type of Signal, Type of Control, or if signal was removed)

Signal Type Changed From To	Date Changed

Control Type Changed From To	Date Changed

Date Signal Removed	Reported By	Title	Date

DOT Form 242-014
Revised 08/2026

Permit numbers will be assigned in 3-5 business days.