

FORMAT OF DATE

The format for the date is "month, day, year" "XX-XX-XX" and is to be added using a raster editing software (like Descartes). A hand-written date is NOT acceptable.

TO ACCOMPANY CONTRACT PLANS DATED

XX-XX-XX

To be filled in by the District
(District will receive a TIFF not a DGN file. Use a raster editing software to add the date)

Date Caltrans Approved the Plan
(HQ will apply the date that Caltrans approved the device to the TIFF using a raster editing software)

Dist	COUNTY	ROUTE	POST MILES TOTAL PROJECT	SHEET No.	TOTAL SHEETS

DATE THIS PLAN APPROVED
XX-XX-XX

THE STATE OF CALIFORNIA OR ITS OFFICERS OR AGENTS SHALL NOT BE RESPONSIBLE FOR THE ACCURACY OR COMPLETENESS OF SCANNED COPIES OF THIS PLAN SHEET.

REGISTERED PROFESSIONAL ENGINEER
NAME
No. XXXXX
Exp. XX-XX-XX
CIVIL
STATE OF CALIFORNIA

REGISTERED CIVIL ENGINEER

FILE NAME

The file name will be the name of the device plus part of the description, if necessary. Any project engineer should be able to determine the device by just looking at the name of the file.

An example of a file name would be: - SRT-31_SS 436-r6.tif

NOTE: The file format must be a TIFF image file.

Location for the Electronic signature of the Vendor

(Is to be applied before vendor submits the final TIFF)

Expiration date must be included

For printed name, license number and license expiration date of person whose signature is affixed to this sheet, use font and font size provided. Depending on the length of the name, it may be placed as two lines within the space provided. The text width can also be reduced to a width of 5 feet for long names.

NOTE:

The license expiration date must be included as this has been and will continue to be a business practice by Caltrans.

TO VENDORS

- 1 - IF THE DEVICE IS A TERMINAL SYSTEM, SHOW THE PAY LIMITS FOR THE TERMINAL SYSTEM.
- 2 - IF THE DEVICE IS A CRASH CUSHION, SHOW THE PAY LIMITS FOR THE CRASH CUSHION.
- 3 - IF THE DEVICE IS A CABLE BARRIER SYSTEM, SHOW THE PAY LIMITS FOR THE CABLE BARRIER AND CABLE BARRIER TERMINAL.



STATE OF CALIFORNIA - DEPARTMENT OF TRANSPORTATION

UNIT 3342 = This Unit Number belongs to HQ Traffic (who approved the plan)

PROJECT NUMBER & PHASE 0000000001 = This is to be edited by the district

Vendor must use the type and size of font as placed in the DGN file. The BOLD font used by Caltrans must be used.

BOLD FONT

(Vendors must not include phone numbers, logos or artwork)

COMPANY NAME STREET ADDRESS City, State Zip Code	DEVICE NAME 2ND LINE IF NEEDED DESCRIPTION OF DEVICE IF NEEDED 2ND LINE IF NEEDED
DRAWING No._Revision: XXXXXX-R1	SHEET 1 OF 1 NO SCALE

APPROVED PLAN FOR CALTRANS USE

FORMAT OF DATE

The format for the date is "month, day, year" "XX-XX-XX" and is to be added using a raster editing software (like Descartes). A hand-written date is NOT acceptable.

TO ACCOMPANY CONTRACT PLANS DATED

XX-XX-XX

To be filled in by the District
(District will receive a TIFF not a DGN file. Use a raster editing software to add the date)

Date Caltrans Approved the Plan
(HQ will apply the date that Caltrans approved the device to the TIFF using a raster editing software)

Dist	COUNTY	ROUTE	POST MILES TOTAL PROJECT	SHEET No.	TOTAL SHEETS

DATE THIS PLAN APPROVED
XX-XX-XX

THE STATE OF CALIFORNIA OR ITS OFFICERS OR AGENTS SHALL NOT BE RESPONSIBLE FOR THE ACCURACY OR COMPLETENESS OF SCANNED COPIES OF THIS PLAN SHEET.

REGISTERED PROFESSIONAL ENGINEER
NAME
No. XXXXX
Exp. XX-XX-XX
MECHANICAL
STATE OF CALIFORNIA

REGISTERED MECHANICAL ENGINEER

FILE NAME

The file name will be the name of the device plus part of the description, if necessary. Any project engineer should be able to determine the device by just looking at the name of the file.

An example of a file name would be: - SRT-31_SS 436-r6.tif

NOTE: The file format must be a TIFF image file.

Location for the Electronic signature of the Vendor

(Is to be applied before vendor submits the final TIFF)

Expiration date must be included

For printed name, license number and license expiration date of person whose signature is affixed to this sheet, use font and font size provided. Depending on the length of the name, it may be placed as two lines within the space provided. The text width can also be reduced to a width of 5 feet for long names.

NOTE:

The license expiration date must be included. This has been and will continue to be a business practice by Caltrans.

TO VENDORS

- 1 - IF THE DEVICE IS A TERMINAL SYSTEM, SHOW THE PAY LIMITS FOR THE TERMINAL SYSTEM.
- 2 - IF THE DEVICE IS A CRASH CUSHION, SHOW THE PAY LIMITS FOR THE CRASH CUSHION.
- 3 - IF THE DEVICE IS A CABLE BARRIER SYSTEM, SHOW THE PAY LIMITS FOR THE CABLE BARRIER AND CABLE BARRIER TERMINAL.



STATE OF CALIFORNIA - DEPARTMENT OF TRANSPORTATION

UNIT 3342 = This Unit Number belongs to HQ Traffic (who approved the plan)
PROJECT NUMBER & PHASE 0000000001 = This is to be edited by the district

Vendor must use the type and size of font as placed in the DGN file. The BOLD font used by Caltrans must be used.

BOLD FONT

(Vendors must not include phone numbers, logos or artwork)

COMPANY NAME STREET ADDRESS City, State Zip Code	DEVICE NAME 2ND LINE IF NEEDED DESCRIPTION OF DEVICE IF NEEDED 2ND LINE IF NEEDED
DRAWING No._Revision: XXXXXX-R1	SHEET 1 OF 1 NO SCALE

APPROVED PLAN FOR CALTRANS USE

FORMAT OF DATE

The format for the date is "month, day, year" "XX-XX-XX" and is to be added using a raster editing software (like Descartes). A hand-written date is NOT acceptable.

TO ACCOMPANY CONTRACT PLANS DATED

XX-XX-XX

To be filled in by the District
(District will receive a TIFF not a DGN file. Use a raster editing software to add the date)

Date Caltrans Approved the Plan
(HQ will apply the date that Caltrans approved the device to the TIFF using a raster editing software)

Dist	COUNTY	ROUTE	POST MILES TOTAL PROJECT	SHEET No.	TOTAL SHEETS

DATE THIS PLAN APPROVED
XX-XX-XX

THE STATE OF CALIFORNIA OR ITS OFFICERS OR AGENTS SHALL NOT BE RESPONSIBLE FOR THE ACCURACY OR COMPLETENESS OF SCANNED COPIES OF THIS PLAN SHEET.

REGISTERED PROFESSIONAL ENGINEER
NAME
No. XXXXX
Exp. XX-XX-XX
STRUCTURAL
STATE OF CALIFORNIA
REGISTERED STRUCTURAL ENGINEER

FILE NAME

The file name will be the name of the device plus part of the description, if necessary. Any project engineer should be able to determine the device by just looking at the name of the file.

An example of a file name would be: - SRT-31_SS 436-r6.tif

NOTE: The file format must be a TIFF image file.

Location for the Electronic signature of the Vendor
(Is to be applied before vendor submits the final TIFF)

Expiration date must be included

For printed name, license number and license expiration date of person whose signature is affixed to this sheet, use font and font size provided. Depending on the length of the name, it may be placed as two lines within the space provided. The text width can also be reduced to a width of 5 feet for long names.

NOTE:

The license expiration date must be included. This has been and will continue to be a business practice by Caltrans.

TO VENDORS

- 1 - IF THE DEVICE IS A TERMINAL SYSTEM, SHOW THE PAY LIMITS FOR THE TERMINAL SYSTEM.
- 2 - IF THE DEVICE IS A CRASH CUSHION, SHOW THE PAY LIMITS FOR THE CRASH CUSHION.
- 3 - IF THE DEVICE IS A CABLE BARRIER SYSTEM, SHOW THE PAY LIMITS FOR THE CABLE BARRIER AND CABLE BARRIER TERMINAL.



STATE OF CALIFORNIA - DEPARTMENT OF TRANSPORTATION

UNIT 3342 = This Unit Number belongs to HQ Traffic (who approved the plan)
PROJECT NUMBER & PHASE 0000000001 = This is to be edited by the district

Vendor must use the type and size of font as placed in the DGN file. The BOLD font used by Caltrans must be used.

BOLD FONT

(Vendors must not include phone numbers, logos or artwork)

COMPANY NAME STREET ADDRESS City, State Zip Code	DEVICE NAME 2ND LINE IF NEEDED DESCRIPTION OF DEVICE IF NEEDED 2ND LINE IF NEEDED
DRAWING No._Revision: XXXXXX-R1	SHEET 1 OF 1 NO SCALE

APPROVED PLAN FOR CALTRANS USE