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|  pennsylvania DEPARTMENT OF TRANSPORTATION | | CLEARANCE TRANSMITTAL | | Date Sent: | March 15, 2022 |
| | | T-22-003 | | Date Due: | April 12, 2022 |
| ↓ | Send to Organization Checked Below | <input type="checkbox"/> Step 1 Internal | | <input checked="" type="checkbox"/> Step 1 External | |
| <input type="checkbox"/> Secretary of Transportation <input type="checkbox"/> Office of Inspector General <input type="checkbox"/> Office of the Budget/Comptroller <input checked="" type="checkbox"/> Office of Chief Counsel <input checked="" type="checkbox"/> Policy Office <input type="checkbox"/> Press Office <input type="checkbox"/> Legislative Affairs <input type="checkbox"/> Deputy Secretary for Administration <input type="checkbox"/> Bureau of Fiscal Management <input type="checkbox"/> Bureau of Equal Opportunity <input type="checkbox"/> Bureau of Office Services <input checked="" type="checkbox"/> Bureau of Innovations <input type="checkbox"/> Bureau of Business Solutions and Services <input type="checkbox"/> Bureau of IT Project Development <input type="checkbox"/> Bureau of Infrastructure and Operations <input type="checkbox"/> Infrastructure and Econ Develop (BHR) <input checked="" type="checkbox"/> Deputy Secretary for Planning <input type="checkbox"/> Center for Program Development and Mgmt <input type="checkbox"/> Bureau of Planning and Research <input type="checkbox"/> Deputy Secretary for Driver and Vehicle Serv <input type="checkbox"/> Bureau of Motor Vehicles <input type="checkbox"/> Bureau of Driver Licensing <input type="checkbox"/> Information/Fiscal Services Office <input type="checkbox"/> Risk Management Office <input type="checkbox"/> Bureau of Support Services <input checked="" type="checkbox"/> Deputy Secretary for Highway Administration <input checked="" type="checkbox"/> Bureau of Maintenance and Operations <input type="checkbox"/> Asset Management <input type="checkbox"/> Fleet Management <input checked="" type="checkbox"/> Highway Safety and Traffic Operations <input checked="" type="checkbox"/> Maintenance Technical Leadership <input type="checkbox"/> Bureau of Design and Delivery <input type="checkbox"/> Bureau of Construction and Materials <input type="checkbox"/> Bridge Office <input type="checkbox"/> Operations and Performance Office <input checked="" type="checkbox"/> District Executives <input checked="" type="checkbox"/> Assistant District Executives - Construction <input checked="" type="checkbox"/> Assistant District Executives - Design <input checked="" type="checkbox"/> Assistant District Executives - Maintenance <input checked="" type="checkbox"/> Assistant District Executives - Operations <input type="checkbox"/> Maintenance Service Executives <input type="checkbox"/> County Maintenance Managers <input type="checkbox"/> Assistant County Maintenance Managers <input type="checkbox"/> Deputy Secretary for Multimodal Transportation <input type="checkbox"/> Bureau of Aviation <input type="checkbox"/> Bureau of Public Transportation <input type="checkbox"/> Bureau of Rail, Freight, Ports, and Water <input checked="" type="checkbox"/> District Traffic Engineers <input checked="" type="checkbox"/> District Traffic Signal Supervisors <input checked="" type="checkbox"/> Federal Highway Administration <input checked="" type="checkbox"/> PA Turnpike Commission <input checked="" type="checkbox"/> MASITE <input checked="" type="checkbox"/> Municipal Services <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | FROM: Douglas Tomlinson, P.E., Chief, Highway Safety/Traffic Operations Division, BOMO | | ATTACHED MATERIAL IS SUBMITTED FOR YOUR REVIEW AND COMMENTS. UNLESS ADVISED OTHERWISE, WE WILL CONSIDER MATERIAL APPROVED IF NOT RETURNED BY DATE DUE. | |
| | | TITLE: LED Border Lit Signs | | | |
| | | REMARKS: This proposed policy will establish and provide guidelines for the LED Border Lit Signs. Please note that only comments provided using MS Excel file titled "CT T-22-003 LED Border Lit Signs Comment Form" will be accepted. Please download the spreadsheet, populate it with your comments, save it with a new filename, and return to RA-PDBOMO-CT@pa.gov. | | | |
| | | ORIGINATOR: Stephen Gault, P.E., PTOE, Chief, TSMO Arterial/Planning Section, BOMO | | | |
| | | YOUR COMMENTS: <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED <input type="checkbox"/> MODIFIED </div> <p><i>If disapproved or modified give reason WHY (Use Reverse Side if Necessary).</i></p> | | | |
| | | <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> _____ <i>Name (Print)</i> </div> <div style="width: 30%;"> _____ <i>Phone Number</i> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;"> _____ <i>Organization</i> </div> <div style="width: 30%;"> _____ <i>Date</i> </div> </div> | | | |
| | | <input checked="" type="checkbox"/> CHECK THIS BOX FOR RETURN TO: | | | |
| | | NAME Heather Quinn | | | |
| | | BUREAU Maintenance Operations | | | |
| | | DIVISION Director's Office | | | |
| | | BUILDING / ROOM NO. Keystone Building, 6th Floor, 400 North St, Harrisburg, PA 17120 | | | |
| | | PHONE (717) 787-6899 | | EMAIL hquinn@pa.gov | |

INSTRUCTIONS

Originator:

1. Fill in **DATE SENT** and **DATE DUE**. Allow a reasonable length of time as indicated in Publication 693, Specification Review Manual, Table 2.1.
2. Enter Clearance Transmittal Number below form heading. (Example: B-12-099; where the B = originating Division, 12 = originating year, 099 = a consecutive number generated by the originating Bureau's or Division's Specifications Coordinator)
Originating Bureau/Division Sample Key:
A = Asset Management; B = Bridge Design and Technology; F = Fleet Management; H = Highway Delivery;
L = Maintenance Technical Leadership; P = Maintenance Performance; C = Construction and Materials;
T = Highway Safety and Traffic Operations
3. Place a check mark next to the proper Step for the clearance transmittal.
4. Place a check mark in the box to the left of the Bureau or Division to indicate to whom the material is being sent.
5. Select the proper Division in the **FROM** drop-down menu.
6. Enter the title of the material after the word **TITLE**.
7. List the action to be taken or any instructions under **REMARKS**.
8. Enter the originator of the clearance transmittal after the word **ORIGINATOR**.
9. Fill in / select the contact information under **CHECK THIS BOX FOR RETURN TO:**

Reviewer:

1. Place a check mark in 1 of the 3 boxes under **YOUR COMMENTS:**.
2. If disapproved or modification is indicated give reason **WHY** changes should be made.
3. Sign and date in space provided.
4. Place a check mark in the box to the left of **CHECK THIS BOX FOR RETURN TO:** to have the material returned to its originator.

YOUR COMMENTS (Continued)