



Event Name \_\_\_\_\_ Event Date \_\_\_\_\_

Type of Event: \_\_\_\_\_

Event Director or Organizer \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

Club Affiliation or Sponsor \_\_\_\_\_ Estimated Number of Participants \_\_\_\_\_

Course Information:  Total closure  Partial closure  Remain open to traffic *(Check appropriate box(s) (Explain in Event Description))*

I (we) \_\_\_\_\_ hereby make application for a special permit upon the right-of-way of:

highway \_\_\_\_\_ between milepost \_\_\_\_\_ and milepost \_\_\_\_\_

highway \_\_\_\_\_ between milepost \_\_\_\_\_ and milepost \_\_\_\_\_

highway \_\_\_\_\_ between milepost \_\_\_\_\_ and milepost \_\_\_\_\_

highway \_\_\_\_\_ between milepost \_\_\_\_\_ and milepost \_\_\_\_\_

on \_\_\_\_\_ between \_\_\_\_\_ and \_\_\_\_\_  
Date Time Time

I (we) agree to strictly conform to the exhibits attached hereto, subject to all terms, conditions, agreements, stipulations and provisions contained in the application and permit, in Chapter XXIII rules and regulations of the Wyoming Department of Transportation, and any other applicable regulations, laws or ordinances.

EVENT DESCRIPTION (Attach event map):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Prior to the event, I (we) agree to review the course to determine potential problems that could endanger participants and equipment and to notify the participants of them. If I (we) determine the problems to be severe, I (we) agree to cancel the event.

**Permittee must provide a certificate of insurance as evidence of an existing Comprehensive or Commercial General Liability Policy, including contractual liability coverage, with limits not less than \$500,000.00 combined single limit for all claims arising out of a single accident or occurrence.**

*THE PERMITTEE SHALL DEFEND, HOLD HARMLESS AND INDEMNIFY THE STATE OF WYOMING, DEPARTMENT OF TRANSPORTATION AND ITS OFFICERS, AGENTS, EMPLOYEES AND MEMBERS FROM ALL SUITS OR ACTION WHICH MAY RESULT FROM ANY ACTIVITY BY THE PERMITTEE, ITS OFFICERS, SUBCONTRACTORS, AGENTS OR EMPLOYEES.*

---

Name (Please Print)

---

Signature

---

Date (Minimum of 60 days prior to event)

---

Address

---

City, State and Zip

---

Telephone

Approval must be obtained from the city, town or county government if the closure restricts the use of any road, street or highway of the affected jurisdiction.

Approved by city or town if applicable

Approved by county if applicable

---

Name/Title (Please Print)

---

Signature/Title

---

Date

---

Address

---

City, State and Zip

---

Telephone

---

Name/Title (Please Print)

---

Signature/Title

---

Date

---

Address

---

City, State and Zip

---

Telephone