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APPLICATION FOR THRUWAY LOGO SIGNS



New York State Thruway Authority Traffic Engineering Unit 200 Southern Blvd. P.O. Box 189 Albany, NY 12201-0189 Email: LogoSign@thruway.ny.gov

APPLICANT INSTRUCTIONS: Complete form and return to the email address or physical address indicated above.

NOTE: Do not s		··						
Section I	Corporate 1	Information						
Contact Name			Contact Title				Date	
Company Name					Federa	al ID No.		
Street Address			City	State		Zip Code		
Telephone No. E-mail address			Websit	ite				
Section II	Facility Inf	ormation (for which l	Logo sign is being reque	ested)				
Facility Name					Exit No.	. Miles from	end of Exit Ramp	
Street Address		City	State	7	Zip Code			
Telephone No.		Name on Sign Panel						
If application is for an attraction, indicate the attractions category, as described within the Logo Sign Program (TAP-432).			Logo Design (choose only Standard Logo (blue background with white letters & border)	(blue background with (attach sample of logo sign design)				
D	ays/Hours o	f Operation	Routing (include travel direct	to Facility tion, route n				
DAYS	I	HOURS OPEN						
MONDAY	′							
TUESDA	Y							
WEDNESD	AY							
THURSDA	ΛΥ							
FRIDAY								
SATURDA	Υ							
SUNDAY	,							
	of operation (if	applicable):						
From:(mon	th/day)	(month/day)						

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APPLICATION FOR THRUWAY LOGO SIGNS

Routing to Facility from Exit Ramp

	(include north arrow indication, route numbers and/or street names)
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