



**INSTRUCTIONS FOR REQUESTING DESIGNATION OF A U.S. BICYCLE ROUTE**

The U.S. Bicycle Route System is a network of bicycle routes of national and regional significance that span multiple states. U.S. Bicycle Routes must connect two or more states, a State and an international border, or other U.S. Bicycle Routes. U.S. Bicycle Routes are intended to link urban, suburban, and rural areas using a variety of appropriate facilities. These routes are established by State Departments of Transportation (DOTs), and are designated and catalogued by the American Association of State Highway and Transportation Officials (AASHTO) through the Special Committee on U.S. Route Numbering. State DOTs may refer to the current AASHTO *Purpose and Policy on U.S. Numbered Bicycle Routes* for information on designating U.S. Bicycle Routes.

For additional background and supporting information on the U.S. Bicycle Route System, see [www.adventurecycling.org/usbrs](http://www.adventurecycling.org/usbrs) or <http://highways.transportation.org/?siteid=68&pageid=2809>.

**Instructions for Completing the Application:**

1. Fill in appropriate information on the top portion of the application.
2. Attach a color map depicting the proposed route.
3. Provide detailed route information for the proposed U.S. Bicycle Route using the form on the application or a separate spreadsheet. Please include the following information:
  - Starting point of the U.S. Bicycle Route (or of the realigned segment), or the northern- or eastern-most entry point into the state
  - Turn-by-turn description, including road names and/or numbered designations of roadways and off-road facilities (see sample below)
  - Terminus of the U.S. Bicycle Route (or of the realigned segment), or the southern- or western-most exit point out of the state
  - Mileage between turns or major junctions, in tenths of a mile
  - Entire mileage of the route through the state
  - For each road, street, or facility, note whether it is a US highway, state highway/state road, or local street/road/facility. If a local facility, please note responsible authority (e.g. municipality, county, parish, etc.)

*Sample Route Log*

<b>Starting Point of Route or Realignment</b>	<b>Miles traveled on this facility</b>	<b>Turn location and road name/designation</b>	<b>General Direction of Travel</b>
Enter VA from NC on US 201	3.0 mi	Left onto Selway Road/County Route 36	Southwest
Selway Road/County Route 36	12.0 mi	Right onto Patrick Road/ County Route 22	West
Patrick Road/County Route 22	0.8 mi	Right onto Talbot Road/ County Route 22	Southwest
Talbot Road/County Route 22	6.2 mi	Left onto shared-use path (City of Springfield)	West
Unnamed shared-use path	3.2 mi	Left onto US 12	West
<b>Terminus:</b> Exit VA on US 12 to WV	<b>Total Mileage:</b> 25.2 miles		

4. Obtain signature of the Chief Executive Officer (i.e., Secretary, Director, or other authorized official) of the State DOT.
5. Provide contact information for someone knowledgeable about the application.
6. Submit an **electronic copy** of the application, map, and route log/spreadsheet to [usroutes@aaashto.org](mailto:usroutes@aaashto.org). Please attach any relevant resolutions, actions, or other documentation for reference.

If you **cannot send the information electronically**, then send one copy (application, color map, route log/spreadsheet, and all other relevant supporting documentation) to:

AASHTO  
Special Committee on U.S. Route Numbering  
Attention: Ms. Marty Vitale  
444 North Capitol Street, NW, Suite 249  
Washington, DC 20001

Applications should be clear and complete as to all the information to be reviewed by the committee. Please contact Marty Vitale at [mvitale@aaashto.org](mailto:mvitale@aaashto.org) or 202-624-5862 with questions.



**APPLICATION FOR DESIGNATION OF A  
U.S. BICYCLE ROUTE**

Member State Submitting Application:

Date:

**This is an application for (please check):**

- Establishment of a new U.S. Bicycle Route or segment
- Realignment of an existing U.S. Bicycle Route
- Deletion of a U.S. Bicycle Route or segment

Route Connects \_\_\_\_\_ and \_\_\_\_\_  
(e.g., State Border, International Border, Existing US Bicycle Route, etc.)

The following state or states are involved:

**Map and Route Log**

**Attachment A: Map** (PDF the map in color and attach to this form)

**Attachment B: Route Log**

Use the following form (or similarly formatted spreadsheet file labeled "Attachment B" and submitted with your application) for turn-by-turn details of the U.S. Bicycle Route you are proposing for designation.

Starting Point of Route or Realignment	Miles traveled on this facility	Turn location and road name/ designation	General Direction of Travel
<b>Terminus:</b>	<b>Total Mileage:</b>		

**By signing below, the applicant attests to the following statements:**

The state affirms that this application complies with the current *Purpose and Policy in Establishment and Extending United States Bicycle Routes*.

The State agrees and pledges its good faith that it will not erect, remove, or significantly alter any U.S. Bicycle Route, including markers and/or maps, without the authorization, consent, or approval of the *Standing Committee on Highways of the American Association of State Highway and Transportation Officials*, notwithstanding the fact that the changes proposed are entirely within this State.

The state affirms concurrence from all regional and local agencies that have ownership or operational authority over any part of the proposed routing of the U.S. Bicycle Route within this state.

<b>Member State</b>	<b>Signature of State DOT Chief Executive Officer or other authorized official</b>	<b>Date</b>
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*(A letter from your Member State Chief Executive Officer with a signature is sufficient for the completion of this application, if the agency chooses not to include the signature on this form.)*

**Member State contact person:**

Name:

Title:

Agency:

Address:

City / State / ZIP:

Telephone:

FAX:

E-Mail: