


STATE OF FLORIDA DEPARTMENT OF TRANSPORTATION  
**SECURITY INSTRUMENT RECEIPT**

FORM 850-040-20  
SYSTEMS PLANNING  
04/93

**APPLICATION NUMBER:** \_\_\_\_\_

PART 1: PERMITTEE INFORMATION	
Name of Applicant:	_____
Name of Authorized Agent:	_____
Name of Organization:	_____
Mailing Address:	_____ _____
Telephone: ( _____ )	_____
Consultant/Engineer/or Project Manager:	_____
Address:	_____
Telephone: ( _____ )	_____ Mobile or FAX Phone ( _____ ) <small>(CIRCLE ONE)</small>

PART 2: ESTIMATED COST OF CONSTRUCTION ON RIGHT-OF-WAY	
COST ESTIMATES \$ _____	PLEASE ATTACH ALL CALCULATIONS _____
Estimated by: _____	NAME (Printed or Typed)
<b>NOTE: Must be estimated by a Professional Engineer registered in the State of Florida</b>	
_____	_____
Signature	Date
 (AFFIX P.E. SEAL HERE)	

PART 3: SECURITY INSTRUMENT RECEIPT CERTIFICATION		
Received by Florida Department of Transportation:		
_____	_____	_____
Date	Person Accepting	Signature
Performance Bond returned by Certified Mail (Receipt of Certified Mail Attached):		
_____	_____	_____
Date	Person Processing	Signature

PART 4: INSPECTION VERIFICATION	
Signature of Staff _____	Date _____
<b>ATTACH INSPECTION DOCUMENTATION</b>	