

**PAVEMENT MANAGEMENT SYSTEM
CERTIFICATION
(State Transportation Improvement Projects)**

Local Agency Letterhead

To: (Regional Transportation Planning Agency/County Transportation Commission) Date :
(Address)

The City/County of _____ certifies that it has a Pavement Management System (PMS) in conformance with the criteria described in Caltrans' *Procedures for Administering Local Grant Projects in the State Transportation Improvement Program (STIP)*, dated April 1, 1999. The *Procedures* require that a system be in place to meet standards for pavement rehabilitation projects programmed in the 1998 STIP.

The system was developed by _____ and contains, at a minimum, the following elements:

- Inventory of all existing pavements under the City/County jurisdiction.
Centerline miles _____
Total lane miles (or equivalent units) _____
The last update of the inventory was completed _____, 19__
- Identification of sections of pavement needing rehabilitation
Total lane miles (or equivalent units) _____
- Estimate of the cost to rehabilitate deficient sections \$ _____
- A procedure to identify rehabilitation strategies that are cost effective
(Briefly describe it on an attached sheet.)

You may direct any questions regarding the system to _____ at _____.
(name) (phone number)

Signature _____ Title: _____