

## **Connected Temporary Traffic Control Device Approval Request Form**

Manufacturer:				
Device Description (i.e. Smart Arrow Bo	ard):			
Model No. and Firmware Version (if app	licable):			
Software Version (if applicable):				
What type of connected temporary traff Note: For Smart Arrow Boards refer to S Smart Arrow Board - Option 1 (JS	mart Arrow Board Protocol (SABP):	testing?		
Smart Arrow Board - Option 1 (3 Smart Arrow Board - Option 2 (d Connected Temporary Traffic Sig	irect connection)			
For devices providing data from a se	rver (i.e. WZDx Device Feed, SABP C	ption 1), provide	e the following	<u>details</u>
API/URL to compliant data feed [i.e. WZ	Dx Device Feed, Smart Arrow Board Pro	tocol (SABP)]:		
Provide a link or attach any documentat	ion relevant to the data feed:			
Does the device update on status chang arrow boards; traffic signal mode chang		Yes	No	
What is the minimum required distance Note: Iowa DOT requires updates if mov		•		nals
What is the frequency of the health che Note: Iowa DOT currently requires a max				
Does your data feed include all devices of the state (map at the lowa DOT (i.e. must include all smar connected temporary traffic signals in W	available here) as required by t arrow boards in SABP feed, all	Yes	No	
Additional Comments:				
	Date Submitted:			
	Contact Name:			
	Contact Email:			