DATE:		
	(MONTH/ DAY/ YEAR)	
FROM:		
	(CHIEF ELECTED OFFICIAL)	
TO:		
	(APPLICANT)	
SUBJECT:	Self-Certification letter for Off-Sys	stem Routes
Dear Departr	ment	
	,	
The permit a	pplication for the Automated Traffic	Enforcement Safety Device (ATESD)
for		
	(SCH	
on	withi	
	(LOCAL ROAD)	(CITY)
and in	(COUNTY) is not or	n the State Route System and is being self-certified
from the Chi	ef Elected Official. We are informing	you that the Applicant will comply with all applicable
Georgia laws	, including but not limited to O.C.G.A	§§ 40-14-18, 40-14-1.1 and 40-6-183.
		Sincerely,
	For:	(APPLICANT)
		(TITLE)
	Ву:	
		(SIGNATURE OF CHIEF ELECTED OFFICIAL)
		(TYPED NAME OF CHIEF ELECTED OFFICIAL)

(TITLE)