

Connected Temporary Traffic Control Device Approval Request Form

Manufacturer:			
Device Description (i.e. Smart Arrow Boa	ord):		
Model No. and Firmware Version (if appl	licable):		
Software Version (if applicable):			
Does the device use option 1 (JSON) or o Option 1 (JSON) Option 2 (direct connection)	ption 2 (direct connection) of the <u>Smart A</u>	rrow Board Pro	tocol (SABP):
If the device uses option 1, provide t	he following details		
API/URL to compliant Smart Arrow Board	d Protocol (SABP):		
Provide a link or attach any documentati	on relevant to the SABP feed:		
Does the smart arrow board update the	SABP feed on arrow pattern change?	Yes	No
What is the minimum distance required a updates if moved 500')?	for the device to move that will update th	e SABP feed (Io	wa DOT requires
What is the frequency of the health chec minutes)?	ck/device check-in (lowa DOT currently red	quires a maximu	ım of every 30
Does your SABP feed include all smart ar lowa plus a 1 mile buffer (map available		Yes	No
Additional Comments:			
	Date Submitted:		
	Contact Name:		
	Contact Email:		