



Commonwealth of the Northern Mariana Islands
DEPARTMENT OF PUBLIC LANDS
 P.O. Box 500380 Saipan, MP 96950
 Tel: (670) 234-3751/3752/3753 Fax: (670) 234-3755
 Email: dpl@dpl.gov.mp

POLITICAL SIGNBOARD APPLICATION FORM

Name of Candidate (First, Middle, Last)	
Mailing Address	Contact Information Tel: _____ Cell: _____
Email Address	Fax: _____
What public office are you seeking?	Are you running in a Commonwealth-wide election? <input type="checkbox"/> Yes <input type="checkbox"/> No
If running in an island-wide election, which island? <input type="checkbox"/> Saipan <input type="checkbox"/> Tinian <input type="checkbox"/> Rota <input type="checkbox"/> Northern Islands	If running in the 3rd Senatorial District, indicate precinct: <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV <input type="checkbox"/> V
Political party running under? <input type="checkbox"/> Democrat <input type="checkbox"/> Republican <input type="checkbox"/> Independent <input type="checkbox"/> Other(s)	
Name of chairperson of campaign, if any:	Contact Information Tel: _____ Cell: _____ Fax: _____
Have you read and understood the attached DPL's policy on political signboards? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Provide sketch of & list down the specific location (s) of signboards (s):	
Remit payment of appropriate fee	
<ul style="list-style-type: none"> ➤ \$100.00 Semi-Annual Fee and \$50.00 Processing Fee – CNMI-Wide (Maximum of 20 signboards in each Senatorial District) ➤ \$100.00 Semi-Annual Fee and \$50.00 Processing Fee – Non-CNMI-Wide (Maximum of 10 signboards in each respective Senatorial District) 	
Do you understand that before you erect any signboard (s) you must provide Liability Insurance coverage as stated in DPL's policy on political signboards and the Rules and Regulations for Temporary Occupancy?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
Signature of Applicant (s)	Date
FOR DPL USE ONLY	
Date DPL Received	Date RED Received: _____
STAMP	Received By: _____
DATE OF RECEIPT	Reference No.: _____
Remarks _____	
