

**Attachment 1 - MOW/MOS SUPPORT SERVICES REQUEST FORM**

This form must be completed in its entirety to obtain Support Services from Bombardier. Support Services must be requested at a minimum of 21 days in advance of the requirement and approval is subject to the availability of resources.

- Mark Outs will be completed within 1 week of request AND Supervisor for that job must accompany the Mark Out.
- Supervisor will review and sign off on Mark Out prior to commencement of work so the Mark Out meets the requirements of the job scope
- Mark Outs are **only** valid for 2 weeks from date of **actual completion** of mark out. Any work past 2 weeks from Mark Out completion requires another Mark Out request submittal.

For **Flagging Service** please send the completed form to [ralph.godinez@rail.bombardier.com](mailto:ralph.godinez@rail.bombardier.com); for **Signal Service only**, send completed form to Scott Westland at [scott.westland@rail.bombardier.com](mailto:scott.westland@rail.bombardier.com) / [Justin Richardson at justin.richardson@rail.bombardier.com](mailto:justin.richardson@rail.bombardier.com)

**For cancellation: Contact Ralph Godinez at 760-975-9692 or Scott Westland at 760-458-0478.**

<b>NAME OF CONTRACTOR</b>		<b>NCTD PERMIT NO:</b>			
<b>PROJECT NAME</b>		<b>PO NUMBER (IF APPLICABLE)</b>		<b>LOCATION OF WORK – MILEPOST(S)</b>	
<b>PERSON IN CHARGE AT WORKSITE</b>		<b>CELL NUMBER:</b>		<b>MEETING LOCATION WITH MOW/MOS PERSON</b>	
<b>SCOPE OF WORK:</b>					
<b>REQUEST FOR:</b>	<b>MOW FLAGGING (CHECK)</b> <input type="checkbox"/>		<b>WITH FORM B: (CHECK)</b> <input type="checkbox"/>		
	<b>MOS SIGNAL (CHECK)</b> <input type="checkbox"/> Support		<b>WITH FORM B: (CHECK)</b> <input type="checkbox"/>		
	<input type="checkbox"/> Mark Out				
<b>EQUIPMENT TO BE USED:</b>					
<b>WORK GROUP #1</b>	<b>NO. OF EMPLOYEES IN WORK GROUP</b>	<b>WORK GROUP #2</b>	<b>NO. OF EMPLOYEES IN WORK GROUP</b>	<b>WORK GROUP #3</b>	<b>NO. OF EMPLOYEES IN WORK GROUP</b>
<b>COMMENTS:</b>					
<b>FLAGGING</b>			<b>SIGNAL</b>		
<b>DATE:</b>	<b>TIME:</b>	<b># of FLAGGERS</b>	<b>DATE:</b>	<b>TIME:</b>	<b># of SIGNALTECH</b>

**EMPLOYEE IN CHARGE (EIC) WILL MAKE FINAL DETERMINATION OF FLAGGING /SIGNAL PROTECTION NEEDED AT EACH WORK LOCATION.**

**CONTRACTOR'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**BOMBARDIER APPROVED:** \_\_\_\_\_ **DATE:** \_\_\_\_\_