

## 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@alstomgroup.com](mailto:ralph.godinez@alstomgroup.com); for **Signal Service only**, send completed form to [Joshua.dulyea@alstomgroup.com](mailto:Joshua.dulyea@alstomgroup.com) or Justin Richardson at [justin.richardson@alstomgroup.com](mailto:justin.richardson@alstomgroup.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>CERTIFIED PAYROLL:</b>		<b>DIR NUMBER:</b>	
				YES NO			
<b>DIR JOB HOURLY RATE OF PAY:</b>	<b>DIR JOB HOURLY FRINGE RATE:</b>	<b>ANY DIR FORMS REQUIRED BEFORE WORK BEGINS?</b>		<b>DIR JOB CLASSIFICATION CODE (position):</b>			
<b>If CERTIFIED PAYROLL IS REQUIRED, PLEASE PROVIDE CONTACT NAME, PHONE, EMAIL FOR THE CPR SUBMITTALS:</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 <input type="checkbox"/> Mark Out			<b>WITH FORM B: (CHECK)</b> <input type="checkbox"/>			
<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 SIGNAL TECH</b>	

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

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

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