

Attachment 1 - MOW/MOS SUPPORT SERVICES REQUEST FORM

This form must be completed in its entirety to obtain Support Services from Alstom. 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; for **Signal Service only**, send completed form to Joshua.dulyea@alstomgroup.com or Matt Modglin at matthew.modglin@alstomgroup.com

For cancellation: Contact Ralph Godinez at 760-975-9692 or Josh Dulyea at 760-899-0205.

NAME OF CONTRACTOR		NCTD PERMIT NO:		CERTIFIED PAYROLL:		DIR NUMBER:	
				YES NO			
DIR JOB HOURLY RATE OF PAY:	DIR JOB HOURLY FRINGE RATE:	ANY DIR FORMS REQUIRED BEFORE WORK BEGINS?		DIR JOB CLASSIFICATION CODE (position):			
If CERTIFIED PAYROLL IS REQUIRED, PLEASE PROVIDE CONTACT NAME, PHONE, EMAIL FOR THE CPR SUBMITTALS:							
PROJECT NAME		PO NUMBER (IF APPLICABLE)		LOCATION OF WORK MILEPOST(S)			
PERSON IN CHARGE AT WORKSITE		CELL NUMBER:		MEETING LOCATION WITH MOW/MOS PERSON:			
SCOPE OF WORK:							
REQUEST FOR:	MOW FLAGGING (CHECK) <input type="checkbox"/>			WITH FORM B: (CHECK) <input type="checkbox"/>			
	MOS SIGNAL (CHECK) <input type="checkbox"/> Support <input type="checkbox"/> Mark Out			WITH FORM B: (CHECK) <input type="checkbox"/>			
EQUIPMENT TO BE USED:							
WORK GROUP #1	NO. OF EMPLOYEES IN WORK GROUP	WORK GROUP #2	NO. OF EMPLOYEES IN WORK GROUP	WORK GROUP #3	NO. OF EMPLOYEES IN WORK GROUP		
COMMENTS:							
FLAGGING				SIGNAL			
DATE:	TIME:	# of FLAGGERS		DATE:	TIME:	# of SIGNAL TECH	

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

CONTRACTOR'S SIGNATURE: _____ **DATE:** _____

Alstom APPROVED: _____ **DATE:** _____