



### Attachment 1 – FLAGGING and RWIC SERVICES REQUEST FORM

This form must be completed in its entirety to obtain Flagging Services from **Jacobs Project Management Co** Flagging/RWIC Services must be requested at a minimum of 21 days in advance of the requirement and approval is subject to the availability of resources.

**For Flagging Service** please send the completed form to [ralph.godinez@jacobs.com](mailto:ralph.godinez@jacobs.com); **For cancellation: Contact Ralph Godinez at 760-422-7797**

<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 OT RATE:</b>	<b>DIR FORMS ARE REQUIRED TO DOCUMENT PROTECTION SERVICES.</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 JACOBS RWIC:</b>		
<b>SCOPE OF WORK:</b>					
<b>REQUEST FOR:</b>		<b>RWIC FLAGGING (CHECK)</b> <input type="checkbox"/>	<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>DATE:</b>	<b>TIME:</b>	<b># of FLAGGERS</b>			

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

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

JACOBS APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_