Telephone: 860-685-8420
Facsimile: 860-685-8495

DOT CONTRACTOR AUTHORIZATION FORM
STATE POLICE TRAFFIC CONTROL SERVICES
OTHER THAN CONSTRUCTION

_____ DOT Contractor Name

_____ DOT Authorized Representative Signature

_____ Address

_____ Print Full Name

_____ Town _____ State _____ Zip Code

_____ Title of Representative Signing Above

(_____) _____ - _____ Phone Number

(_____) _____-_____ Phone Number

_____ Date

	DOT CORE CT/PROJECT NUMBER	AUTHORIZATION DATES	COMMENTS
1.	Project Number:_____ _____ Core CT/Project Number	Start:_____ End:_____ Termination Date:_____	Number of Troopers Approved at Project_____:
2.	Project Number:_____ _____ Core CT/Project Number	Start:_____ End:_____ Termination Date:_____	Number of Troopers Approved at Project_____:
3.	Project Number:_____ _____ Core CT/Project Number	Start:_____ End:_____ Termination Date:_____	Number of Troopers Approved at Project_____:
4.	Project Number:_____ _____ Core CT/Project Number	Start:_____ End:_____ Termination Date:_____	Number of Troopers Approved at Project_____:
5.	Project Number:_____ _____ Core CT/Project Number	Start:_____ End:_____ Termination Date:_____	Number of Troopers Approved at Project_____:
6.	Project Number:_____ _____ Core CT/Project Number	Start:_____ End:_____ Termination Date:_____	Number of Troopers Approved at Project_____:

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