



**REQUEST FORM AND CANCELLATION FORM  
 STATE POLICE TRAFFIC CONTROL SERVICES  
 CONSTRUCTION**



**Instructions: All Requests for State Police Traffic Control Services at DOT highway construction sites, for jobs for which the direct DOT-DPS reimbursement payment method will be used, must be made using this form.**

- The form must be submitted by DOT to the DPS Special Duty Overtime Coordinator, 1111 Country Club Road, Middletown, CT 06457 (Telephone: 860-685-8420/Facsimile: 860-685-8495/E-mail: [specduty.clerk@po.state.ct.us](mailto:specduty.clerk@po.state.ct.us)) between 0800 hours through 1400 hours, Monday through Friday (except holidays).
- Requests must generally be submitted at least five (5) business days in advance.
- Requests must be signed by both the Contractor and DOT.
- Any assignment submitted after 1400 hours to the DPS Special Duty Overtime Coordinator will generally not be considered until the following business day.
- DPS cannot guarantee the availability of State Police personnel for requests not submitted in a timely manner.
- In the event of an emergency after normal business hours, DOT must submit the request to the State Police Duty Supervisor at the troop for the area where the job is being worked. (Troop telephone numbers are available on the Department of Public Safety's website at [www.ct.gov/dps](http://www.ct.gov/dps).) DOT must notify the DPS Special Duty Overtime Coordinator the next business day that the request was made to the troop and provide the DPS Special Duty Overtime Coordinator with a copy of the request submitted to the troop.
- This form shall be used for the cancellation of any Request for State Police Traffic Control Services. See Instructions in Section IV, below, regarding cancellation.

REQUEST DATE: _____	Is This a New Job? <input type="checkbox"/> Yes <input type="checkbox"/> No
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**I. PROJECT INFORMATION:**

DOT Project No.:	DOT CORE CT Project Identification No.:
Town in Which Job is Located:	Job Location/Meeting Location:
Project Description:	DOT District/Unit:
DOT Project Office:	Telephone No. of DOT Project Office:
Name & Title of DOT Contact Person at Project Office ("DOT Contact Person"):	Cellular Telephone No. of DOT Contact Person:
E-mail Address of DOT Contact Person:	Contractor's Name:

**II. DATES AND TIMES FOR REQUESTED STATE POLICE TRAFFIC CONTROL SERVICES:**

	DATE(S)	TIME	NUMBER OF TROOPER(S)	TIME CHANGE		CHANGE NUMBER OF TROOPERS		CANCEL
				FROM	TO	FROM	TO	
1.				FROM	TO	FROM	TO	<input type="checkbox"/>
2.				FROM	TO	FROM	TO	<input type="checkbox"/>
3.				FROM	TO	FROM	TO	<input type="checkbox"/>
4.				FROM	TO	FROM	TO	<input type="checkbox"/>
5.				FROM	TO	FROM	TO	<input type="checkbox"/>
6.				FROM	TO	FROM	TO	<input type="checkbox"/>
7.				FROM	TO	FROM	TO	<input type="checkbox"/>
8.				FROM	TO	FROM	TO	<input type="checkbox"/>
9.				FROM	TO	FROM	TO	<input type="checkbox"/>
10.				FROM	TO	FROM	TO	<input type="checkbox"/>

**E (HCP-DOT: DIRECT DOT-DPS REIMBURSEMENT PAYMENT METHOD)**

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Date of Request for State Police Traffic Control Services: \_\_\_\_\_

DOT Project No.: \_\_\_\_\_

<b>III. CONTRACTOR'S &amp; DOT'S REQUEST FOR SERVICES:</b>	
<p><b>Complete by Contractor's Authorized Representative:</b></p> <p><input type="checkbox"/> The Contractor referenced in Part I, above, hereby requests the State Police Traffic Control Services specified in Part II, above.</p> <p>Signature: _____</p> <p>Print Full Name: _____</p> <p>Title of Person Signing Above: _____</p> <p>Cellular No. of Person Signing Above: _____</p> <p>E-mail Address of Person Signing Above: _____</p> <p>Date: _____</p>	<p><b>Complete by DOT's Authorized Representative:</b></p> <p><input type="checkbox"/> DOT has reviewed and approves the Contractor's request for State Police Traffic Control Services.</p> <p>Signature: _____</p> <p>Print Full Name: _____</p> <p>Title of Person Signing Above: _____</p> <p>Cellular No. of Person Signing Above: _____</p> <p>E-mail Address of Person Signing Above: _____</p> <p>Date: _____</p>
<b>IV. CONTRACTOR'S &amp; DOT'S CANCELLATION REQUEST:</b>	
<p><b>Instructions:</b> To cancel this Request for State Police Traffic Control Services, or any portion thereof, the applicable cancellation box(es) in Section II, Page 1 of this form must be checked. DOT must then re-submit the form, with all sections completed, including Section IV, as follows: for cancellations between 08:00 hours through 1530 hours, Monday through Friday (except holidays), submit to the DPS Special Duty Coordinator by facsimile to 860-685-8495 or e-mail to the <a href="mailto:specduty.clerk@po.state.ct.us">specduty.clerk@po.state.ct.us</a>; for cancellations at all other times and holidays, submit to the State Police Message Center by facsimile to 860-685-8346. <b>Any cancellation made without at least twenty-eight (28) hours advance notice will result in a charge for four (4) hours minimum pay for each Trooper/Sergeant assigned to the project.</b></p>	
<p><b>Complete by Contractor's Authorized Representative:</b></p> <p><input type="checkbox"/> The Contractor referenced in Part I, above, hereby requests the cancellation of the requested State Police Traffic Control Services, as indicated by the checked cancellation box(es) in Section II of this form.</p> <p>Signature: _____</p> <p>Print Full Name: _____</p> <p>Title of Person Signing Above: _____</p> <p>Cellular No. of Person Signing Above: _____</p> <p>E-mail Address of Person Signing Above: _____</p> <p>Date: _____</p>	<p><b>Complete by DOT's Authorized Representative:</b></p> <p><input type="checkbox"/> DOT has reviewed and approves the Contractor's request to cancel the State Police Traffic Control Services, as indicated by the checked cancellation box(es) in Section II of this form.</p> <p>Signature: _____</p> <p>Print Full Name: _____</p> <p>Title of Person Signing Above: _____</p> <p>Cellular No. of Person Signing Above: _____</p> <p>E-mail Address of Person Signing Above: _____</p> <p>Date: _____</p>