



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



Instructions: All Requests for State Police Traffic Control Services at DOT highway maintenance, bridge inspection and/or bridge design and engineering 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 Contractor 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@ct.gov) between 0730 hours through 1730 hours, Monday through Friday (except holidays).
- Requests must be submitted at least five (5) business days in advance.
- DOT contractor authorization form must accompany any request for State Police traffic control.
- Any assignment submitted after 1730 hours to the DPS Special Duty Overtime Coordinator will not be considered until the following business day except in the case of an emergency.
- In the event of an emergency after normal business hours, Contractor 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.) 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.
- DPS cannot guarantee the availability of State Police personnel for requests not submitted in a timely manner.
- This form shall be used for the cancellation of any Request for State Police Traffic Control Services. See Instructions in Section IV, regarding cancellation.

| | |
|---------------------|--|
| REQUEST DATE: _____ | Is This a New Job? <input type="checkbox"/> Yes <input type="checkbox"/> Ongoing |
|---------------------|--|

I. PROJECT INFORMATION:

| | |
|---|---|
| DOT District/Unit: | DOT Project Number: |
| Town in Which Job is Located: | Job Location/Meeting Location: |
| Special Instructions: | |
| Contractor's Name: | Name & Title of Contact Person (print): |
| Cellular Telephone No. of Contact Person: | E-mail Address of Contact Person: |

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)

Page 2 of 2

Date of Request for State Police Traffic Control Services: _____

DOT Core CT Project No.: _____

| III. DOT CONTRACTOR'S REQUEST FOR SERVICES: | IV. DOT CONTRACTOR'S CANCELLATION REQUEST: |
|--|---|
| <p>Complete by DOT Contractor's Authorized Representative:</p> <p>The DOT Contractor referenced in Part I, hereby requests the State Police Traffic Control Services specified in Part II.</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>Instructions: To cancel this Request for State Police Traffic Control Services, or any portion thereof, the applicable cancellation box(es) in Section II, Page1 of this form must be checked. The DOT Contractor must then re-submit the form, with all sections completed, including Section IV, as follows: for cancellations between 0730 hours through 1730 hours, Monday through Friday (except holidays), submit to the DPS Special Duty Coordinator by facsimile to 860-685-8495 or e-mail to the specduty.clerk@ct.gov; for cancellations at all other times and holidays, submit to the State Police Message Center by facsimile to 860-685-8346 or e-mail to the dps.messagecenter@gt.gov. 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.</p> <p>Complete by DOT Contractor's Authorized Representative:</p> <p>The DOT Contractor referenced in Part I, 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> |