

## TRACK ALLOCATION REQUEST FORM

Company Name:				Date	
Name:			(	(Person making the requ	est)
Telephone: Office	Cell		_Fax		
Date(s) of Use:		to			
Time of Day:	(AM/PM)	to		(AM/P	M)
Flag person / Escort: YES / NO (AL	<u>L work within 1</u>	<u>5 ft. of tra</u>	<u>cks requi</u>	<u>res a Flagger)</u>	
Is the work to be performed on or ne details below. <u>NOTE – DART Flagg</u>				•	
Work Location:					
Describe, in detail, the type of work	to be performed:	(Use addit	ional page	es as needed)	
Catenary wire(s) to be de-energized	I during constructi	ion? Yes	; / No		
Describe your crew size and makeu Vehicle, Crane etc.) <b>(Use additio</b>			n the work	ksite (i.e. Ladders, Hi-Rai	I
EMAIL this Request Form and any additi <u>THAN 12:00PM TUESDAY</u> for Track Alloc At the Wednesday meeting, bring a sign purposes and be prepared to make a bri Meeting location is DART's Central Rail	cation Committee (TA ed copy of your DART ef presentation and a	C) considera Construction nswer any qu	ition at their n Right Of Er uestions the	2:00 PM meeting the next day. ntry Agreement for verification TAC may have.	

(2nd. Floor Break Room) If the TAC approves your request, the work will be scheduled to begin the following work week at the earliest.