

Attachment 1 - MOW/MOS SUPPORT SERVICES REQUEST FORM

This form must be completed in its entirety to obtain Support Services from Bombardier. Support Services must be requested at a minimum of 21 days in advance of the requirement and approval is subject to the availability of resources. The MOW/MOS service will be scheduled by the Bombardier Coordinator who will notify the contractor by e-mail with the proper information.

For Flagging Service please send the completed form to ralph.godinez@rail.bombardier.com, and for **Signal Service only**, send completed form to Daniel Moreno at daniel.moreno@rail.bombardier.com.
For cancellation: Contact Ralph Godinez at 760-975-9692 or ralph.godinez@rail.bombardier.com

NAME OF CONTRACTOR		NCTD PERMIT NO:			
PROJECT NAME		PO NUMBER (IF APPLICABLE)		LOCATION OF WORK – MILEPOST(S)	
PERSON IN CHARGE AT WORKSITE		CELL NUMBER:		MEETING LOCATION WITH MOW/MOS PERSON	
SCOPE OF WORK:					
REQUEST FOR:	MOW FLAGGING (CHECK) <input type="checkbox"/>		WITH FORM B: (CHECK) <input type="checkbox"/>		
	MOS SIGNAL (CHECK) <input type="checkbox"/>		WITH FORM B: (CHECK) <input type="checkbox"/>		
EQUIPMENT TO BE USED:					
WORK GROUP #1	NO. OF EMPLOYEES IN WORK GROUP	WORK GROUP #2	NO. OF EMPLOYEES IN WORK GROUP	WORK GROUP #3	NO. OF EMPLOYEES IN WORK GROUP
COMMENTS:					
FLAGGING			SIGNAL		
DATE:	TIME:	# of FLAGGERS	DATE:	TIME:	# of SIGNAL

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

CONTRACTOR'S SIGNATURE: _____ **DATE:** _____

BOMBARDIER APPROVED: _____ **DATE:** _____

MAILING ADDRESS: 3700 MARITIME WAY, OCEANSIDE, CA 92056