



Challenging today.
Reinventing tomorrow.



Attachment 1 – FLAGGING and RWIC SERVICES REQUEST FORM

This form must be completed in its entirety to obtain Flagging Services from **Jacobs Project Management Co.** Flagging/RWIC Services must be requested at a minimum of 21 days in advance of the requirement and approval is subject to the availability of resources.

For Flagging Service please send the completed form to ralph.godinez@jacobs.com cc:adriana.gagner@jacobs.com

For cancellation: Contact Ralph Godinez at 760-422-7797

NAME OF CONTRACTOR:		NCTD PERMIT NO:		PW FUNDING SOURCE:		PREVAILING WAGE (PW) PROJECT DIR NUMBER:	
				STATE FEDERAL BOTH			
DIR JOB HOURLY RATE OF PAY:	DIR JOB HOURLY OT RATE:	DIR JOB HOURLY DT/HOLIDAY RATE:		DIR FORMS ARE REQUIRED TO DOCUMENT PROTECTION SERVICES.			
IF CERTIFIED PAYROLL IS REQUIRED, PLEASE PROVIDE CONTACT NAME, PHONE, EMAIL FOR THE CPR SUBMITTALS:							
PROJECT NAME:		PO NUMBER (IF APPLICABLE):		LOCATION OF WORK MILEPOST(S):			
PERSON IN CHARGE AT WORKSITE		CELL NUMBER:		MEETING LOCATION WITH JACOBS RWIC:			
SCOPE OF WORK:							
REQUEST FOR:	RWIC FLAGGING (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				FLAGGING			
DATE:	TIME:	# of FLAGGERS:	DATE:	TIME:	# of FLAGGERS:		

ROADWAY WORKER IN CHARGE (RWIC) WILL MAKE FINAL DETERMINATION OF FLAGGING PROTECTION NEEDED AT EACH WORK LOCATION.

CONTRACTOR'S SIGNATURE: _____ DATE: _____

JACOBS APPROVED: _____ DATE: _____