

### Requestor Information

Name:	Date:	Company/Organization:
Email:	Phone:	
On-Site Contact Name:	Phone:	

### Requested Time Period

Requested Dates of Access:	to	Days of Week:
Requested Time Period:	to	

### Task Description

Location of Work:	to	Or at:
Equipment on site (attach spec. sheets if appropriate):		
Description of Work (attach site map if appropriate):		

### Relevant Documentation

The following relevant documentation has been provided (14-day review period):

Inter-Governmental Agreement:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
License Agreement:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
RTD Right of Entry Agreement:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Certificate of Insurance:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Work Plan:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

### Requestor Confirmation and Agreement

\*By checking this box, I acknowledge full understanding of the Third Party ROW Access Permit Rules, as outlined in the DTO Track Usage and ROW Access Request Plan (Sections 2.1 and 2.2) and certify that DTO/RTDC Roadway Worker Protection Training has been completed and is current for all workers as prescribed by the DTO Track Usage Coordinator.

Print Name: \_\_\_\_\_ Sign: \_\_\_\_\_ Date: \_\_\_\_\_

**FAILURE TO COMPLY WITH THE 3<sup>RD</sup> PARTY ROW ACCESS PERMIT RULES WILL RESULT IN PERMIT REVOCATION**

On completion of the above section of this form, submit to the  
 DTO Track Usage Coordinator at [track.usage@rtdcrail.com](mailto:track.usage@rtdcrail.com) by clicking here:



### Section Below for DTO Use Only

Approved Dates of Access:	to	Days of Week:
Approved Time Period:	to	
EIC/RWIC Supervision/Escort Required?:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If Yes, schedule using DTO Track Usage Request Form</i>
De-energized Overhead Power Required?:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<i>If Yes, schedule using DTO OCS Pre-Work Form</i>
Operating Restrictions:		
Signature: _____ <i>DTO Chief Engineer</i>	Date: _____	Permit Number