



**REQUEST FORM AND CANCELLATION FORM
STATE POLICE TRAFFIC CONTROL SERVICES**



Instructions: All Requests for State Police Traffic Control Services at DOT highway construction sites, for jobs for which the direct DOT-DESPP reimbursement payment method will be used, must be made using this form.

- The form must be submitted to the DESPP Special Duty Overtime Coordinator via Facsimile: **860-706-1407/E-mail: specduty.clerk@ct.gov** between regular business hours 0800 hours through 1600 hours, Monday through Friday (except holidays).
- Requests must be submitted at least five (5) business days in advance.
- There is no guarantee that any request made with less than 24 hour notice to the start of the job can be accommodated.
- Any request for services submitted to DESPP after 1600, will not be scheduled until the following business day except in the case of an emergency.
- **In the event of an emergency requiring services during normal business hours please contact the Special Duty Office at 860-685-8420. After normal business hours for the current day and prior to the start of the next business day, a request must be submitted to the State Police Message Center via E-mail dps.messagecenter@ct.gov or facsimile: 860-685-8346. DOT must also submit the request to the DESPP Special Duty office at the same time via facsimile or email. This will be subject to the OPA rate of \$134.98 Trooper or \$175.84 Sergeant.**
- DESPP 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 II, regarding cancellation.
- Requests must be made in military time. (Example: 1:00 PM = 1300 hours – 8:00 PM = 2000 hours)

REQUEST DATE: _____ Travel Time: Up to 1-hr To/From : Yes _____ No _____	New Job? : Yes _____ Ongoing _____ Type of Request : HCP _____ OPA - Traffic Enforcement _____					
I. PROJECT INFORMATION:						
DOT District/Unit:	DOT Project Identifier No:					
Town in Which Job is Located:	Job Location/Meeting Location:					
Special Instructions:						
Contractor's Name: _____ Name & Title of Contactor's Onsite Contact Person (print): _____						
Onsite Contractor's Cellular Telephone No. _____ Onsite Contractor's Contact Person E-mail address : _____						
Name & Title of Onsite DOT Contact (Print) _____ Email Address/Phone No. of Onsite DOT Contact _____						
DOT Authorization Person (Name/Title) _____ DOT E-mail Address of Contact Person:(must be an @ct.gov contact)						
II. REQUEST OR CANCELLATION FOR STATE POLICE TRAFFIC CONTROL SERVICES:						
Cancellation Procedures: To cancel a request for services or any portion thereof, the applicable cancellation boxes must be checked and then re-submit the form to DESPP, with all sections completed. For cancellations between 0800 hours through 1600 hours, Monday through Friday (except holidays), submit to the DESPP Special Duty Coordinator by facsimile to 860-706-1407 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@ct.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.						
DATE(S) 1. 2. 3. 4. 5. 6. 7.	Start Time _____	End Time _____	Requested # Troopers _____	REVISIONS :		
				TIME	# OF TROOPERS	CANCEL
				START	END	WAS NOW <input type="checkbox"/>
				START	END	WAS NOW <input type="checkbox"/>
				START	END	WAS NOW <input type="checkbox"/>
				START	END	WAS NOW <input type="checkbox"/>
				START	END	WAS NOW <input type="checkbox"/>
				START	END	WAS NOW <input type="checkbox"/>
Revisions include location changes (Check this option to add details)						