



**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](mailto:specduty.clerk@ct.gov)** between regular business hours 0730 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](mailto: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 \$128.25 Trooper or \$166.66 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)

<b>REQUEST DATE:</b> _____	<b>New Job? :</b> Yes      Ongoing
<b>Travel Time: Up to 1-hr To/From :</b> Yes      No	<b>Type of Request :</b> 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 0730 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](mailto: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](mailto: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)	Start Time	End Time	Requested # Troopers	REVISIONS :			
				TIME	# OF TROOPERS	CANCEL	
1.				START	END	WAS      NOW	<input type="checkbox"/>
2.				START	END	WAS      NOW	<input type="checkbox"/>
3.				START	END	WAS      NOW	<input type="checkbox"/>
4.				START	END	WAS      NOW	<input type="checkbox"/>
5.				START	END	WAS      NOW	<input type="checkbox"/>
6.				START	END	WAS      NOW	<input type="checkbox"/>
7.				START	END	WAS      NOW	<input type="checkbox"/>

Revisions include location changes (Check this option to add details)