SF MTA- CENTRAL CONTROL <u>131 Lenox Way, SF CA 94127 (415) 759-4327, (415) 661-0187 Fax</u> APPLICATION FOR SUBWAY, SURFACE AND ELECTRICAL PERMIT (REV 08/01/11)

AREA Platfor	By: On-Track Safety# Permit # REQUESTED: Check all that apply. Permit numbers will be assigned by OCC rm Track Signal System Catwalk Surface Subway cal Lone Worker Freight Track/Interlocking Other
1.	Direction of work TR TL DR DL SR SL IB OB EPR EPL
2.	Location (street name)
	at or Between(for subway, use marker numbers or stations)
3.	(for subway, use marker numbers or stations) Feeders Requested
	THE ELECTRICAL SUBCONTRACTOR MUST GUARANTEE COMPLIANCE WITH GO95
Local	Isolation 🗌 Open with Rackout 🗌 Open without Rackout 🗌 Closed and Energized 🗌
4.	Work to be started: DayDateTime:
5.	Work to be completed: Day Date Time: Additional Requests for identical permits may be submitted by entering up to four start dates
Dates:	1)3)4)
Permit	#:###
6.	Is ATCS Protection required? Y N Protection Requested:
7.	Compliance with current Rules and Instructions Handbook Work Zone Protection [] Yes. Permit will be cancelled if not in compliance.
8.	Test Train Required: Y N Test train must be verified by permit holder prior to start of work.
9.	Vehicle / Equipment to be used:
10.	Time required to clear work area and make area available for service during an emergency
11.	Clearance to be issued to:On-Track Safety #
12.	Work authorized by(dept.):
13.	Permit requested by Title:
14.	Work to be performed
15.	All required personnel on job site are On-Track Safety Certified: YES 🗌 If not checked permit will not be issued
Work#()Home#()Cell#()Fax#()
CLEARAN WEEK (S	ents:

NOTE: APPLICANTS TO FILL OUT ALL APPLICATION ITEMS COMPLETELY.