



**REQUEST FORM AND CANCELLATION FORM  
STATE POLICE TRAFFIC CONTROL SERVICES  
OTHER THAN CONSTRUCTION**



**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 by DOT Contractor to the DESPP Special Duty Overtime Coordinator, 1111 Country Club Road, Middletown, CT 06457 Facsimile: 860-706-1407/E-mail: [specduty.clerk@ct.gov](mailto:specduty.clerk@ct.gov) between regular business hours 0730 hours through 2000 hours, Monday through Friday (except holidays). Between 1730 hours and 2000 hours please call 860-214-2204.
- 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.
- DOT contractor authorization form must accompany any request for State Police traffic control.
- Any request for services submitted to DESPP after 1730, 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 860-684-8420. 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 duty supervisor at the troop area where the job is being worked. 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 \$92.38 Trooper or \$119.46 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 IV, regarding cancellation.
- Requests must be made in military time. (Example: 1:00 PM = 1300 hours – 8:00 PM = 2000 hours)

REQUEST DATE: _____	Is This a New Job? <input type="checkbox"/> Yes <input type="checkbox"/> Ongoing
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**I. PROJECT INFORMATION:**

DOT District/Unit:	DOT Core CT Project No:
Town in Which Job is Located:	Job Location/Meeting Location:
Special Instructions:	
Contractor's Name:	Name & Title of Contact Person (print):
Cellular Telephone No. of Contact Person:	E-mail Address of Contact Person:

**II. DATES AND TIMES FOR REQUESTED STATE POLICE TRAFFIC CONTROL SERVICES:**

	DATE(S)	TIME	NUMBER OF TROOPER(S)	(Existing Request)		(Existing Request)		CANCEL
				TIME CHANGE	CHANGE NUMBER OF TROOPERS	FROM	TO	
1.				FROM	TO	FROM	TO	<input type="checkbox"/>
2.				FROM	TO	FROM	TO	<input type="checkbox"/>
3.				FROM	TO	FROM	TO	<input type="checkbox"/>
4.				FROM	TO	FROM	TO	<input type="checkbox"/>
5.				FROM	TO	FROM	TO	<input type="checkbox"/>
6.				FROM	TO	FROM	TO	<input type="checkbox"/>
7.				FROM	TO	FROM	TO	<input type="checkbox"/>
8.				FROM	TO	FROM	TO	<input type="checkbox"/>
9.				FROM	TO	FROM	TO	<input type="checkbox"/>
10.				FROM	TO	FROM	TO	<input type="checkbox"/>

**HCP-DOT: DIRECT DOT-DPS REIMBURSEMENT PAYMENT METHOD**

Date of Request for State Police Traffic Control Services: \_\_\_\_\_

DOT Core CT Project No.: \_\_\_\_\_

<b>III. DOT CONTRACTOR'S REQUEST FOR SERVICES:</b>	<b>IV. DOT CONTRACTOR'S CANCELLATION REQUEST:</b>
<p><b>Complete by DOT Contractor's Authorized Representative:</b></p> <p>The DOT Contractor referenced in Part I, hereby requests the State Police Traffic Control Services specified in Part II.</p> <p>Signature: _____</p> <p>Print Full Name: _____</p> <p>Title of Person Signing Above: _____</p> <p>Cellular No. of Person Signing Above: _____</p> <p>E-mail of Person Signing Above: _____</p> <p>Date: _____</p>	<p><b>Instructions:</b> To cancel this Request for State Police Traffic Control Services, or any portion thereof, the applicable cancellation box(es) in Section II, Page1 of this form must be checked. The DOT Contractor must then re-submit the form, with all sections completed, including Section IV, as follows: for cancellations between 0730 hours through 1730 hours, Monday through Friday (except holidays), submit to the DESPP Special Duty Coordinator by facsimile to 860-706-1407 or e-mail to the <a href="mailto:specduty.clerk@ct.gov">specduty.clerk@ct.gov</a>; 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 <a href="mailto:dps.messagecenter@gt.gov">dps.messagecenter@gt.gov</a>. <b>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.</b></p> <p><b>Complete by DOT Contractor's Authorized Representative:</b></p> <p>The DOT Contractor referenced in Part I, hereby requests the cancellation of the requested State Police Traffic Control Services, as indicated by the checked cancellation box(es) in Section II of this form.</p> <p>Signature: _____</p> <p>Print Full Name: _____</p> <p>Title of Person Signing Above: _____</p> <p>Cellular No. of Person Signing Above: _____</p> <p>E-mail of Person Signing Above: _____</p> <p>Date: _____</p>



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 OTHER THAN CONSTRUCTION**



\_\_\_\_\_  
 DOT Contractor Name

\_\_\_\_\_  
 DOT Authorized Representative Signature

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Print Full Name

\_\_\_\_\_  
 Town State Zip Code

\_\_\_\_\_  
 Title of Representative Signing Above

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Phone Number

(\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Phone Number Date

	DOT CORE CT/PROJECT NUMBER	AUTHORIZATION DATES	COMMENTS
1.	Project Number: _____ _____ Core CT/Project Number	Start: _____ End: _____ Termination Date: _____	Number of Troopers Approved at Project _____:
2.	Project Number: _____ _____ Core CT/Project Number	Start: _____ End: _____ Termination Date: _____	Number of Troopers Approved at Project _____:
3.	Project Number: _____ _____ Core CT/Project Number	Start: _____ End: _____ Termination Date: _____	Number of Troopers Approved at Project _____:
4.	Project Number: _____ _____ Core CT/Project Number	Start: _____ End: _____ Termination Date: _____	Number of Troopers Approved at Project _____:
5.	Project Number: _____ _____ Core CT/Project Number	Start: _____ End: _____ Termination Date: _____	Number of Troopers Approved at Project _____:
6.	Project Number: _____ _____ Core CT/Project Number	Start: _____ End: _____ Termination Date: _____	Number of Troopers Approved at Project _____:

**FOR OFFICIAL DOT USE ONLY**