

Roadway Worker Protection Course Request

Pursuant to the provisions of 49 CFR Part 214, any person who willfully fails to provide worker protection in accordance with those regulations is subject to a civil penalty in the minimal amount of \$2,500.00 per violation.

This form must be completed in its entirety prior to any roadway worker protection (RWP) services being authorized. Services should be requested 15 days in advance of the requirement for such services. Work may not commence until the approved form is returned to the applicant requesting the flagging services.

- Date of Course: _____
- Location of Course: _____
- Number of Attendees: _____

TO BE COMPLETED BY APPLICANT

Roadway Worker Protection Course:

No work or activity shall be conducted less than twenty-five feet (25.0') from the closest rail of any DCTA track (also referred to as "the foul zone") or perform any work in which a catastrophic event could cause equipment, people or materials to enter into the Foul Zone unless DCTA representative Flaggers are present and also within the last 365 days have completed a creditable Roadway Worker Protection Course.

The Roadway Worker Protection Course can be scheduled by calling **William Kowatch (682) 402-0619** or **Jacob Williams (817) 805-7940**. The course cost is \$1,250.00 and can have multiple attendees for no additional charge up to 50 people. A training venue will need to be provided for classes exceeding 15 people at the requestor's expense. Payment for the course is required prior to, or on the day of the course. The flagging cost is \$105.00/hour per flagger with an 8 hour minimum and \$130.00/hour for each hour in excess of 8 hours.

Payment is required upon billing. In the event flagging is required for a period exceeding ten (10) days, a Ten Thousand Dollar (\$10,000.00) retainer will be required. RWP billing will reflect travel time, preparation, and close-down time of up to two hours (per day) beyond work group protection hours.

RWP requests that are not formally canceled before 9:00 AM the business day prior will result in applicant being charged the full 8 hour minimum.

Company information and signature of authorized officer requesting and accepting the financial terms above:

Company Name: _____

Authorizing Officer: _____

Billing Contact: _____ Phone: _____ PO #: _____

Billing Address: _____

Accounts Payable email: _____

Signature of Authorizing Officer: _____

Applicant to email completed form to wkowatch@riotechnology.com and jwilliams@riotechnology.com . Upon receipt of request, RioTech will invoice requester for services.

RioTech Approval: _____ Date: _____