REQUEST TO UTILIZE SERVICE PROVIDER (RTUSP)

To: _____, R.E. CONTRACT NO.:_____

PRIME CONTRACTOR: _____

(If Applicable) SUBCONTRACTOR: _____

(If Applicable) 2nd Tier SUBCONTRACTOR: _____

SUBMITTED BY: _____ _____
(Print Name/Title) (Company)

1) Service provider: _____ License No.: _____

2) Service requested: _____

3) Reason for request: _____

_____

4) a) Cost per hour: _____

b) Total estimated hours: _____

c) Total estimated cost: _____

5) Approximate duration: From _____, 20_____ to _____, 20_____

THE UNDERSIGNED AGREES TO PROVIDE CERTIFIED PAYROLLS THROUGH THE LCP TRACKER SYSTEM FOR ALL EMPLOYEES WORKING ON THIS CONTRACT

_____ _____
Signature - Service Provider Date

_____ _____
Signature - Contractor Date

Recommended: _____ _____
Signature - Resident Engineer Date

Approved: _____ _____
Signature - Contract Compliance Officer Date

cc: _____, Ass't. Chief Construction Engineer

_____, District Engineer

_____, Ass't. District Engineer

NDOT 052 061
Revised 10/12