

REQUEST TO UTILIZE SERVICE PROVIDER (RTUSP)
for trucking

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

PRIME CONTRACTOR: _____

(If Applicable) SUBCONTRACTOR: _____

(If Applicable) 2nd Tier SUBCONTRACTOR: _____

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

1) Service Provider: _____

2) (If Applicable) Service Provider's Contr. Lic. No.: _____ Exp. Date: _____

3) Service Provider's NV Business Lic. No.: _____ Exp. Date: _____

4) Materials to be hauled: _____

5) Hauling from commercial source Hauling from jobsite pit
(check all that apply)

6) Prevailing wage not required Prevailing wage required

7) a) Cost per hour: _____

b) Total estimated hours: _____

c) Total estimated cost: _____

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

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

_ Service Provider (name and title) Service Provider (authorized signature) Date

_ Contractor (name and title) Contractor (signature) Date

Recommended: _____
Resident Engineer (signature) Date

Approved: _____
Contract Compliance Officer (signature) Date

cc: _____, District Engineer
_____, Assistant District Engineer