

**REQUEST TO UTILIZE SERVICE PROVIDER (RTUSP)
excluding 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) Service requested: _____

5) Explanation for request: _____

6) a) Cost per hour: _____

b) Total estimated hours: _____

c) Total estimated cost: _____

7) Prevailing wage required Prevailing wage not required (check all that apply)

8) 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**

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