REQUEST TO UTILIZE SERVICE PROVIDER (RTUSP)

for non-bid item work, excluding trucking

ГО: _		, R.E. C	ONTRACT NO.:	
PRIM	E CONTRACTOR:			
	(If Applicable) SUBCONTRACTOR:			
	(If Applicable) 2 nd Tier SUBCO	ONTRACTOR:		
SUBN	/IITTED BY:(Print Na	ame/Title)	(Company)	
1)	Service Provider:			
2)	(If Applicable) Service Provide	cable) Service Provider's Contr. Lic. No.:		
3)	Service Provider's NV Busines	ervice Provider's NV Business Lic. No.:		
4)	Service requested:			
5)	Explanation for request:	ation for request:		
6)	a) Cost per hour:			
	b) Total estimated hours:			
	c) Total estimated cost:			
7)	Prevailing wage required	Prevailing wage not req	uired (check all that apply)	
3)) Approximate duration: From, 20		, 20	
Servi		REES TO PROVIDE CERTIFIED M FOR ALL EMPLOYEES WOR Service Provider (signat	KING ON THIS CONTRACT	
Contractor (please print)		Contractor (signature)		
Recommended: Resident Engineer (eer (signature)	Date	
Approved: Contract Complianc		iance Officer (signature)	Date	
CC:		, Asst. , Distri	Chief Construction Engineer ct Engineer District Engineer	