

**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 (please print) Service Provider (signature) Date

 Contractor (please print) Contractor (signature) Date

Recommended: _____
 Resident Engineer (signature) Date

Approved: _____
 Contract Compliance Officer (signature) Date

cc: _____, Asst. Chief Construction Engineer
 _____, District Engineer
 _____, Asst. District Engineer