



NEW MEXICO DEPARTMENT OF TRANSPORTATION (NMDOT)



TRAFFIC CONTROL/ROADWAY WORK PERMIT

NMDOT Project Number (If applicable): _____ Control Number: _____

General Scope of work: _____

Contractor Name: _____

Contact Person: _____

Contact Telephone: () - _____ Fax: () - _____

Traffic Control Firm: _____

Certified Traffic Control Supervisor: _____

Contact Telephone: () - _____ Fax: () - _____

Work Zone Location Information:

Route: _____

Mile Post: From _____ To: _____

Or Intersection: _____ Intersection: _____

Direction (NB, SB, EB, WB, or both): _____

2 lane Road 4 lane Road 6 lane Road 8 Lane Road Divided Undivided

Existing Speed limit in area: ___ MPH or Ranges from ___ MPH to ___ MPH

Proposed Speed Limit reduction within work zone (If Applicable): _____ MPH

Working Duration:

Start Date: _____ End Date: aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa*****

Daily Start Time: _____ End Time: _____

- Purpose of Permit:**
- | | |
|---|--|
| <input type="checkbox"/> Roadway Construction/Rehab. | <input type="checkbox"/> Shoulder Work |
| <input type="checkbox"/> Signal and Lighting Work | <input type="checkbox"/> Utility work |
| <input type="checkbox"/> Drainage/Excavation work | <input type="checkbox"/> Soil Testing |
| <input type="checkbox"/> Signing and Striping Placement | |
| <input type="checkbox"/> Other: _____ | |

TCP Plan Enclosed ___ **(TC Permit will not be processed without a TCP plan)**

If no, describe why: _____

Approval is conditioned on the following terms that are deemed accepted by the Contractor upon submission of this Permit

- Traffic Control for operations under this permit shall conform with the Manual on Uniform Traffic Control Devices (MUTCD).
- The Contractor agrees to indemnify and hold harmless the NMDOT and its employees from liability, claims, damages losses or expenses due to any negligent act of the Contractor, the Contractor's employees, any agent acting on the Contractor's behalf, and anyone else engaged by the Contractor to work pursuant to this permit.
- The Contractor shall provide the NMDOT a certified copy of the its insurance policy and certificate of insurance and shall include on the certificate of insurance the NMDOT as an additional-named insured, with notice that the coverage is primary over any other valid insurance.
- Any additional conditions as attached and referenced below.

For Official Use:

- Approved** (see conditions below) **Approved As Amended** **Not Approved**
- Contractor/TCP firm **SHALL** contact the District Office and confirm the actual start dates.
- TCP Firm and Contractor must adhere to the attached notes.

Permit Number: _____

Approved By: _____

NMDOT District Office – Traffic Section

Submitted to the District Public Information Officer By: _____ On: ___/___/___