

JDAC's Support Request Form

One Activity per Request

Project Title:

PCN:

WMATA JDAC Engineer:

WMATA JDAC Facilitator:

Project Start Date:

Project End Date:

Activity Start Date/Time:

Activity End Date/Time:

SSWP Number (If applicable):

Expiration Date:

Type of Request/Duration:

Single Day Request

Multiple Day Request

Continuous Request

Description of Work/Equipment:

Crew Size:

Location:

Mainline

Non-wayside

Yard

Yard Lead

Track Access: Yes No

Identify the work location:

	From (Chain Marker or YCR)	To (Chain Marker or YCR)
Track 1		
Track 2		
Track 3		
Yard		
Yard Lead (s)		

Power Outage Type:

Supervisory

Red Tag

None

LOTO (if required)

Any Piggybacking Restrictions:

Yes

No

If yes, please explain:

State any unusual circumstances:

Meeting Location:

Authorized Representative's Typed Name:

Authorized Representative's Signature:

Completed by WMATA JDAC Engineer

Date Received:

Escort Group:

SMNT: _____

TRST: _____

ELES

PLNT

Other: _____

Charge Code:

**** Work cancellation requires written notification with a minimum of two (2) business days' notice. ****

****WMATA's support charges are paid by the shift not by the hour.****

Submit the completed form by e-mail to the assigned JDAC Engineer and JDAC Facilitator.