



SFMTA

Municipal
Transportation
Agency

INSPECTOR AND VEHICLE CHARTER REQUEST FORM

CHECK PROJECT TYPE

FILM

CONSTRUCTION

THE FOLLOWING CONDITIONS MUST BE UNDERSTOOD AND ACCEPTED TO COMPLETE THE PROCESSING OF YOUR REQUEST.

- Requests for **inspector support** are to be made **5 business days** to the start of project.
- Requests for LRV, Motor coach, PCC and Cable car **charters** are to be made **10 business days** to the start of the project.
- Cancellations must be made by **12:00pm (noon)** the day PRIOR of a scheduled work day. Untimely cancellations will be assessed for an entire day's fee.
- Inspectors will be scheduled at a **minimum of 8 hours**. Hours are to include a total of 1 hour travel time.
- Proper permits are to be obtained before projects can begin including street closure permits and SFMTA clearances when working near tracks, overhead power lines and subway stations.
NOTE: CLEARANCES are reviewed and approved every TUESDAY of the week.
- SFMTA bus/rail services remain a priority. Obstruction to service is not allowed unless specified below.
- Any activities performed outside the limits of the activities described below will cause the project to be terminated and will be subjected to a fine.
- Work hours must be performed outside peak service hours.

Construction hours (based on blue book): M-F 9a-3p, Weekends – based on approval

Film: M-F 10-3pm, Weekends – based on approval

PROJECT INFORMATION

| | | | | | |
|---------------------|--------|--|--|--------------------------|--|
| PROJECT | | | | COMPANY NAME | |
| DAY | | | | DATE | |
| START TIME | | | | END TIME | |
| INSPECTORS | Y or N | | | NO. OF INSPECTORS | |
| CHARTER | Y or N | TYPE OF VEHICLE (CABLE CAR, PCC, LRV) | | ALTERATION TO VEHICLE | |
| LOCATION | | | | MUNI LINES | |
| # OF PEOPLE ON SITE | | CAMERA & EQMNT SET-UP | | | |
| ACTIVITIES | | | | | |

I have read the conditions mentioned above. Failure to comply with this agreement may be subjected to a fine.

| | | | |
|----------------------------|--|----------------|--|
| CONTACT PERSON'S SIGNATURE | | CONTACT NUMBER | |
|----------------------------|--|----------------|--|

FOR INTERNAL USE ONLY

| | | | | | |
|--------------|--|---------------|--|----|--|
| RECEIPT DATE | | APPROVAL DATE | | BY | |
|--------------|--|---------------|--|----|--|

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| ACTIONS TAKEN | | | | | |
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| BRIEF SUMMARY | | | | | |
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| DATE SENT TO FINANCE | | INVOICE NO. | |
|----------------------|--|-------------|--|