

SF MTA- CENTRAL CONTROL

131 Lenox Way, SF CA 94127 (415) 759-4327, (415) 661-0187 Fax

APPLICATION FOR SUBWAY, SURFACE AND ELECTRICAL PERMIT (REV 08/01/11)

Date Submitted: _____ By: _____ On-Track Safety# _____ Permit # _____

AREA REQUESTED: Check all that apply.

Permit numbers will be assigned by OCC

Platform ☐ Track ☐ Signal System ☐ Catwalk ☐ Surface ☐ Subway ☐
Electrical ☐ Lone Worker ☐ Freight Track/Interlocking ☐ Other ☐ _____

1. Direction of work TR ☐ TL ☐ DR ☐ DL ☐ SR ☐ SL ☐ IB ☐ OB ☐ EPR ☐ EPL ☐

2. Location (street name) _____

at or Between _____

(for subway, use marker numbers or stations)

3. Feeders Requested _____

THE ELECTRICAL SUBCONTRACTOR MUST GUARANTEE COMPLIANCE WITH GO95

Local Isolation ☐ Open with Rackout ☐ Open without Rackout ☐ Closed and Energized ☐

4. Work to be started: Day _____ Date _____ Time _____:

5. Work to be completed: Day _____ Date _____ Time _____:

Additional Requests for identical permits may be submitted by entering up to four start dates

Dates: 1) _____ 2) _____ 3) _____ 4) _____

Permit #: _____ # _____ # _____ # _____

6. Is ATCS Protection required? Y ☐ N ☐ Protection Requested: _____

7. Compliance with current Rules and Instructions Handbook Work Zone Protection ☐ Yes. Permit will be cancelled if not in compliance.

8. Test Train Required: Y ☐ N ☐ Test train must be verified by permit holder prior to start of work.

9. Vehicle / Equipment to be used: _____

10. Time required to clear work area and make area available for service during an emergency _____

11. Clearance to be issued to: _____ On-Track Safety # _____

12. Work authorized by(dept.): _____

13. Permit requested by _____ Title: _____

14. Work to be performed _____

15. All required personnel on job site are On-Track Safety Certified: YES ☐ If not checked permit will not be issued

Work#() _____ Home#() _____ Cell#() _____ Fax#() _____

Comments: _____

Electrical permit holders must communicate directly with Operations Control Center: **759-4321** and Bryant Power Control **554-9204** prior to beginning and upon completion of work.

CLEARANCE APPLICATION REQUEST MUST BE SUBMITTED BY FIRST/THIRD WEDNESDAY OF THE MONTH PRIOR TO THE REQUESTED WORK WEEK (STARTS SATURDAY) OR AT LEAST 72 HOURS IN ADVANCE OF THE DATE NEEDED. THE CLEARANCE HOLDER SHOULD KEEP A COPY OF THE ISSUED NUMBERED PERMIT.

NOTE: APPLICANTS TO FILL OUT ALL APPLICATION ITEMS COMPLETELY.