

MOT Request Form

**Bridge Management Section
Maintenance of Traffic
Request Form**

To District: North Canal Central South

MOT Request for Bridge Safety Inspection

Bridge Mgmt Contact: Cell Phone #: 270- Office # 760-

Team Leader 800MHz call sign: BR-

Requested Date and Time for MOT

Date Requested: / to / /200

Rain Date Requested: / to / /200

Inspection Start Time: am Inspection Finish Time: pm

Location for MOT

Bridge #: Road #: Road Name

Feature Intersected:

MOT Required By District

Closure - Lane: Yes No Shoulder: Yes No

**TMA to be SUPPLIED BY THE DISTRICT and set up
directly behind the Bridge Truck at all times.
Portable Arrow Board at taper.
Cones sufficient to maintain safe work zone.
Advanced warning signs.**

Special Instructions: