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.