

TRANSPORTATION WORK AUTHORIZATION INSPECTION AND COMPLETION REPORT

Attach to Performing Agency's copy of Work Authorization.

TYPE OF WORK		FISCAL CONTROL NUMBER	
WORK TO BE PERFORMED BY		DIVISION AUTHORIZATION NUMBER	
IF NOT UNDER TERMS OF TRUNKLINE MAINTENANCE CONTRACT, ENTER CONTRACT NUMBER		CONTROL SECTION NUMBER	
LOCATION		PR NUMBER	
		JOB NUMBER	TRUNKLINE NUMBER
		SIGNAL OR POLE NUMBER	REGION
TOWNSHIP, CITY OR VILLAGE	COUNTY	DIVISION	

WORK COMPLETION AND MATERIALS APPROVAL

The following information is to be supplied by the performing agency upon completion of the work and forwarded to the District/Region office of the originating Division. If any deviation from work description was necessary, explain in detail under Remarks.

All work specified on this Authorization was completed on _____ (Date).

SIGNATURE	TITLE	DATE
-----------	-------	------

REMARKS

INSPECTION AND APPROVAL

The following information is to be supplied by the Region/TSC office.

I certify the installation was inspected and approved on _____ (Date) and that the traffic signal operation was in accordance with the authorized work.

SIGNATURE	TITLE	DATE
-----------	-------	------

REMARKS

TRANSPORTATION WORK AUTHORIZATION

Continuation Sheet

FISCAL CONTROL NUMBER	
DIVISION AUTHORIZATION NUMBER	
CONTROL SECTION NUMBER	
PR NUMBER	
JOB NUMBER	TRUNKLINE NUMBER
SIGNAL OR POLE NUMBER	REGION
DIVISION	