

## Application Form for the use of Portable Traffic Signals

To Area Office Address	From:
	Name:
	Organisation:
	Address:
	Post Code:
	Tel:
Fax:	
Works Ref:	

### Location Details

Road Number:	A	B	C	Unclassified
Location/NSG Ref				
Grid Reference:	Easting		Northing	
Nature of Work:				
Work Type:	Emergency	Yes	No	Planned
Start Date:			Finish Date	
Duration (in days only):				
Are the works in the vicinity of any permanent signals or pedestrian crossing?	Yes			No

### Timing of Traffic Light Use – Tick Box or enter details

24 hours – Weekdays Only	24 Hours – Weekends Included
Restricted 0930-1630	During Normal Working Hours
Night Time 1900-0700	Other

### Signal Details – circle details

NB If heads>2 ALL THE FOLLOWING DETAILS MUST BE PROVIDED

Number of heads	2	3	4	If>2 see notes on Portable Traffic Signals
Included with this application are:	4 site plans 1:1250		Yes	No
Showing:				
Head/Controller Positions	Yes	No	Stage Diagram Details	Yes No
STOP and GO Boards on site				

### Emergency/Out of Hours Contact – For Traffic Management

Name:	Organisation:	Tel:
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### Declaration

I have completed ALL the above sections, have read and understood the Notes on Portable Traffic Signals and have provided any additional information as required. I understand that incomplete applications will be refused and will notify the Street Authority if any change is made to the date or time given on this application		
Name	Signature:	Date

### Street Authority

Commands:		
Name:	Signature:	Date

