

Application for Dispensation for Hours

Applicant must complete **both pages**. A representative of the Department of Jurisdiction (Contracting Agency) **must complete** the certification at bottom. Your application **cannot be processed** without this certification.

Company Name: _____

Company Address: _____

Email: _____ Telephone Number: (____) ____ - _____

Federal Employer Identification Number: ____ - ____ - ____ - ____ - ____

Prevailing Rate Case / PRC #: _____ County: _____
(found on wage schedule)

Project Description: _____

Description of location (City, town, intersection, street or route, etc.): _____

Nature of Project: (Check one)

1. New Building
2. Addition to Existing Structure
3. Heavy and Highway Construction (New and Repair)
4. New Sewer or Waterline
5. Other New Construction
6. Other Reconstruction, Maintenance Repair or Alteration
7. Demolition

Reason for requesting dispensation:

Dispensation Required: (Complete statement below)

THIS MUST BE SIGNED

Application is made for a period beginning ____ / ____ / ____ and ending ____ / ____ / ____ to permit
(Date) (Date)
operations ____ hours per day, ____ days per week.

(Signature of Contractor or Authorized Representative) (Print name and title) ____ / ____ / ____
(Date)

Certification by an officer of the Contracting Agency **THIS MUST BE SIGNED**

It is hereby certified that the above described Public Work project is of an important nature and that a delay in carrying it to completion would result in serious disadvantage to the public.

(Contracting Agency) (Authorized signature)

(Street address) (Print name and title) ____ / ____ / ____
(Date)

(City, state) (Zip code) (____) ____ - ____
(Area code and telephone number)

