Project Number:_____Project Location:_____
Date:_____

5 DAY - REQUEST FOR TESTING NOTIFICATION

Physical and Electrical Inspection Completed? Inspector Name:	Yes / No	Date:
Integrator Name:		
Integrator Phone and e-mail:		
Contractor Name:		
Contractor Phone and e-mail:		
Notes:		

The check marked ITS component(s) will be tested:

- CCTV
- Traffic Detection Devices
- Ramp Meter Signals
- VMS
- RWIS
- Chain-up Signs
- Other _____

The following test(s) will be performed:

- Cable and Conductor Test
- Local Field Operations Test
- 30-Day Burn-In Test
- Conduit Mandrel Test
- Other

The Department will contact the contractor to schedule a time for the test(s).

The Department is required to have a witness present to observe the testing.

Sincerely,

_____ _____
Name Date