

This is a cover letter explaining why a TMP is submitted for approval. Behind this form attach either a COPTTM TMP form or a LRS TMP form. Also include the specific Traffic Management Diagrams for the site.

APPLICATION FOR TMC APPROVAL OF TRAFFIC MANAGEMENT PLAN

To (RCA):	From (Company Name):
Date sent:	Return address:
	Fax:
	Email:

TMP form attached (either COPTTM or LRS)

Site Layout TMPs Attached (Please provide separate reference numbers/names for each page attached)

No of pages attached:

TMC Approval of this Traffic Management Plan is needed for the following reason/s:

- Approval has been requested by the TMC as part of planning process
- A STMS person with delegated authority is not available within the organisation to approve the plan
- There is no TMD in this Supplement to represent the work site
- A road needs to be closed or traffic delays for more than 5 minutes at any one time during the day or for a cumulative period of 30 minutes in any 1 hour period (except where otherwise specified by the RCA)
- A footpath will be closed and users will have to enter/cross a Live Lane
- A cycle lane will be closed
- A pedestrian crossing or traffic signal installation is affected
- 'Restricted parking', bus stops, loading zones and/or taxi stands will be affected
- Portable traffic signals are to be used ———
- A lane closure is required at an intersection
- Signs need to be placed on a flush median
- Traffic moving in one direction is split around a work site
- Mobile operations are on roads with posted speed limit exceeding 50km/h (except for grading operations covered by TMD 151)
- The activity is an event
- Other (state):

Comments:

The information provided correctly represents all phases of the works, plans for contingencies, and identifies accurately the location and road environment. Any inaccuracy in portrayal of this information is the responsibility of the applicant.

It is the responsibility of the STMS to postpone, cancel or modify operations due to adverse traffic, weather or other conditions that may affect the safety of this site.

STMS/Applicant Signature

TMC Acceptance.

Comment:

RCA..... **TMC Name**..... **Date**.....

TMC Qualification ID #..... **Signature**..... **RCA reference #**.....