

**To: The Traffic Management Co-ordinator**

.....  
(RCA Name)

.....

.....

Date: .....

.....  
(RCA Address)

**APPLICATION FOR DELEGATED AUTHORITY TO APPROVE TRAFFIC MANAGEMENT PLANS (TMPs)**

I agree to comply with the requirements of the Temporary Traffic Management for Local Roads Supplement to COPTTM and I apply for delegated authority to approve TMPs in the manner outlined in that Supplement.

Signed by: .....

..... (Full name)

STMS ID No. .... Expiry Date ..... (COPTTM qualification expiring)

..... (Company)

..... (Postal address)

.....

.....

..... (Contact telephone numbers)

..... (After hours contact details)

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**Road Controlling Authority Response (should delegation be considered appropriate)**

The Traffic Management Co-ordinator hereby delegates the power to approve Traffic Management Plans in accordance with the procedures and requirements set out in the Temporary Traffic Management for Local Roads Supplement to COPTTM.

Please note that TMC approval is still required for:

- 1) those situations stated in the Supplement, and the following extra situations/circumstances of this RCA
- 2) .....
- 3) .....
- 4) .....

The delegation of this power shall only continue in effect while you remain in the employment of the above Company or until:

- 1) Your STMS qualification expires, or is withdrawn as a result of non-conformance, or
- 2) The Council specifically revokes this delegation, or
- 3) . . . years from the date of this delegation (to a maximum of 5 years), or
- 4) ..... (date to be entered by TMC no more than 5 years from date of this delegation),

whichever is soonest

Signed by: ..... Date: .....

..... (Full name)

On behalf of: ..... (RCA)