GO TRANSIT SIGNALS & COMMUNICATIONS CODES OF PRACTICE

Date					Con	tracto	or				
MX Project	# or Conta	act			Loca	ation					
Subdivision					Mile	age					
Primary Design Contact:											
Name:Phone:											
Contractor Designed: ☐ Yes ☐ No Contractor Project #:											
Design Contractor Primary Contact:											
Name:Phone:											
Firm:											
The drawings attached have been found to conform to all appropriate AREMA recommended practices, Metrolinx standards, and are consistent with safe railway operations. Signed To be signed by the contractor designing or checking the plans											
To be signed by the contractor designing or checking the plans											
Purpose:	☐ For Review ☐ For Approval ☐ As Built										
☐ Issued For Construction☐ Other											
	□ Design	☐ Designed By:									
	☐ Approved By:										
Drawings:	☐ Attached ☐ Under Separate Cover										
Drawing List:											
	Drawing	#		Total Sheets	Orig.	Rev.	Obs.	Date	Copies		
Orig. = Original - Rev. = Revised - Obs. = Obsolete											

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MX Project # or Co			Date									
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