



Railroad Flagging Service Form

BIGD Attachment 5.3
DEC2024, V1
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REQUIRED STRUCTURE INFORMATION		
ASSET ID NUMBER (NBI 08):	DISTRICT # (NBI 02):	COUNTY (NBI 03):
LOCATION (NBI 09):	FACILITY CARRIED (NBI 07):	FEATURE INTERSECTED (NBI 06):
INSPECTION DATE:	BITL:	
INSPECTION TYPE:		

Meeting Location: _____

Date Of Service: _____ Start Time: _____ End Time: _____

Print
Railroad Company: _____

Print
Flag Person's Name: _____

Print
Flag Person Supervisor's Name: _____

Print
Flag Person's Work Address: _____

Flag Person's Signature BITL's Signature Date

To Be Filled Out by BITL:

Invoice for the above work received on: _____

Invoice No.: _____

Submitted to SCDOT BMO on: _____

BITL's Signature: _____