



TRAFFIC MANAGEMENT

Contacts for TTM Plan Design:
Hazel Guy 022 194 7195 hazel@stmsnz.co.nz
Gareth Griffiths 022 011 7282 plans@stmsnz.co.nz

COMPANY DETAILS

Your Company / Billing Address
Contact Name:
Contact Number:
Contact Email:
Purchase Order Number:

SITE DETAILS

Client:
24/7 Contact Number
Site Address:
Suburb:
City:

When do you want start the job (date/time)?
How long do you expect it to take?

Do you require an STMS?
If No, please provide details of STMS:
Name:
24/7 Contact Number:
NZTA ID:
Expiry:

What plant will be on site?
Digger
Roller
Grader
Tipper Truck
Bucket Truck
Hi-Ab Truck

Other plant or equipment on site not listed above:

What works are you doing?
Excavation
Event
Emergency
Non-Excavation
Preliminary
Don't Know

What are you doing?

Do you want STMS NZ to submit your TMP to the local RCA on your behalf?
Yes
No



STMS^{NZ}

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SITE MAP / SKETCH

Blank area for site map or sketch.

ADDITIONAL INFORMATION

Please state any additional information below. This may include any other site information we need to know.

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.....
.....
.....
.....
.....

OFFICE USE ONLY

Information Taken By: Date ____ / ____ / ____

TMP Diagram: Shoulder Closure Priority Give Way Stop/Go Road Closure Other

If Other:

Job Card Created Job Number:

TMP Created TMP Submitted CAR Number: