



Union Pacific Service Feasibility Questionnaire

Privately - Owned Track

Please complete the following questionnaire to provide information on your service and site requirements. By fully completing the following questionnaire, you will allow all relevant Union Pacific groups to begin a response to your request.

* Everything in green is a required field.

Customer Information

Request submitted by:

Name*: _____

Phone*: _____

1. Primary Customer Contact for Rail Location Activities:

Company Name*: _____

Contact Name*: _____

Title: _____

Address (Line 1): _____

Address (Line 2): _____

City: _____

State: _____

Zip Code: _____

E-mail Address*: _____

Phone*: _____

Cell Phone: _____

Fax: _____

2. Contact for Track Agreement Activities:

(The agreement will be written in the Legal Company name and sent to the contact provided here.)

Legal Company Name*: _____

Contact Name*: _____

Title*: _____

Address (Line 1)*: _____

Address (Line 2): _____

City*: _____

State*: _____

Zip Code*: _____

E-mail Address*: _____

Phone*: _____

Cell Phone: _____

Fax: _____

3. Industry is a*:

(Information necessary for track agreement purposes.)

- | | |
|--|--|
| <input type="checkbox"/> Corporation (provide state below) | <input type="checkbox"/> Non-Profit |
| <input type="checkbox"/> Limited/General Partnership (provide state below) | <input type="checkbox"/> Individual |
| <input type="checkbox"/> Limited Liability Company (LLC) (provide state below) | <input type="checkbox"/> Government Entity (provide state below) |
| <input type="checkbox"/> Sole Proprietorship (provide state and owner below) | <input type="checkbox"/> Other (please specify below) |

State: _____

Owner: _____

If you selected "Other", please specify: _____

4. Are you an existing Union Pacific customer?*

- Yes No **(If NO, skip skip to Question 7)**

Rail-Served Locations

Please provide the following information to expedite our review process. Also indicate if your proposed location will be operated similar to the existing facility. (Information requested for up to four current locations.)

5. Please list your Union Pacific Sales Representative: _____

6. Location #1:

City, State*: _____

Track Agreement Folder #: _____

Track Agreement Audit #: _____

Proposed location will be similar to this facility?*

- Yes No

Site Information

7. Have you identified a potential site?*

- Yes No **(If YES, skip to Question 10)**

Site Information

8. Please list the desired location:

(If you are interested in multiple locations, please submit a separate request for each location.)

City*: _____

County*: _____

State*: _____

9. What are your site requirements? (Please select all that apply.)*

Site to lease

Facility to purchase

Site to purchase

Public use site for rail/truck transfer operation

Facility to lease

Other (please specify)

If you selected other please specify: _____

Additional Comments: _____

(Skip to Question 14)

Physical Location Information

10. Please list the desired location's address:

Address: _____

City*: _____

State*: _____

County: _____

11. Please select one*:

We own the facility

We will be a tenant **(Skip to Question 21)**

We plan to purchase the facility

Additional Comments: _____

12. Has UP provided service to this facility in the last 6 months?*

Yes

No

Don't Know

13. Please provide the following to expedite our review process (for this location).

Doing Business As (DBA) Names: _____

Previous owners: _____

Facility Owner

14. Is your product currently moving to or from this facility?*

Yes No

If yes, by what mode is your product currently moving to or from this facility? _____

15. Will you continue to use this mode?

Yes No

Track Information

16. What is the current track capacity? _____

17. Is there a derailer on the track?*

Yes (please describe further below) No Don't Know

Additional Comments: _____

18. Does the track go through a gate in a fence?*

Yes No Don't Know

If yes, is there a lock on the gate?

Yes No

Please further describe any existing lock and the location of the key: _____

19. Are there any impaired clearances? (*Generally, the required horizontal clearance is 9 ft. from centerline of track; vertical clearance is 23 ft. from top of rail. Examples of an impaired clearance might be a dock 8 ft. from centerline, overhead unloading device at 22 ft. from top of rail, etc.*)

Yes (please describe in comments below) No Not certain

Additional Comments: _____

20. Is there a road crossing at the facility?*

Public Private No Don't Know

If there is a road crossing at the facility, are there cross arms of flashers at the crossing?

____ Yes (please describe further below) ____ No

Additional Comments: _____

(Skip to Question 25)

Rail-Served Tenant

21. Please provide the facility's owner and contact information:

(They will be required to enter into a 3-party agreement.)

Contact Name:* _____

Title: _____

Owner's Legal Company Name:* _____

Address (Line 1):* _____

Address (Line 2): _____

City:* _____

State:* _____

Zip Code:* _____

E-mail Address: _____

Phone:* _____

Fax: _____

22. Will the facility's owner be a party to your waybills?*

____ Yes ____ No

23. Does the facility owner have an Industrial Track Agreement with Union Pacific?

____ Yes ____ No

If "Yes", please provide:

Folder #: _____

Audit #: _____

24. Industry is a*: *(Information necessary for track agreement purposes.)*

- | | |
|--|--|
| <input type="checkbox"/> Corporation (provide state below) | <input type="checkbox"/> Non-Profit |
| <input type="checkbox"/> Limited/General Partnership (provide state below) | <input type="checkbox"/> Individual |
| <input type="checkbox"/> Limited Liability Company (LLC) (provide state below) | <input type="checkbox"/> Government Entity (provide state below) |
| <input type="checkbox"/> Sole Proprietorship (provide state and owner below) | <input type="checkbox"/> Other (please specify below) |

State: _____

Owner: _____

If you selected "Other", please specify: _____

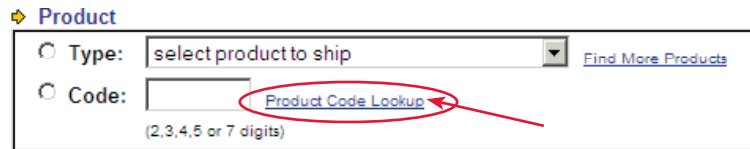
Commodity Information

25. Please provide the following information regarding the commodities you plan to ship/receive.

Commodity name(s)*: _____

STCC number(s)*: _____

To locate a Standard Transportation Commodity Classification code, visit http://c02.my.uprr.com/cdm/price_query.jas and click on "Product Code Lookup" under the "Product" box. It is not necessary to complete any other fields on this page to obtain a STCC.



26. Are any of these considered hazardous or environmentally sensitive?*

- Yes No **(If NO, skip to Question 30)**

Hazardous Materials/ES Information

27. Is this commodity a Toxic Inhalant Hazard?*

- Yes No

28. If you have an environmental consultant, please list their contact information. _____

29. What environmental permits do you anticipate?* _____

You will be asked to attach your Material Safety Data Sheet (MSDS) at the end of the survey (via e-mail).

Service Information

30. Select all that describe your planned operations.*

- Shipper Manifest
 Receiver Unit train (indicate number of cars in comments below)
 Care of party Undetermined

Additional comments: _____

31. Select all that describe your planned equipment.*

- Boxcars Covered hoppers
 Flat cars Gondola cars
 Open-top hoppers Tank cars
 UP-owned Private
 Leased Undetermined
 Other (please specify)

If you selected other please specify: _____

32. Will you require access to the rail cars?*

- Yes No **(If YES, skip to Question 35)**
(If NO, we will process this as a request for rail car storage.)

Storage Information

33. Will your storage be loads or empties?*

- Loads Empties Both loads and empties

34. Is UP owned land required?*

- Yes No Undetermined

If yes, do you have a UP real estate contact (please list the contact's name below). _____

(Skip to Question 38)

Loading/Unloading Information

35. Select all that describe your planned operations.*

- On UP property Industry will switch own cars (describe equipment in comments below)
 On private property Use of loading/unloading device
 Access both sides of car

Additional comments: _____

36. Please describe how your product will be loaded/unloaded?* _____

37. If you will be using a loading/unloading device, please select all that apply.

- Overhead Portable (provide brand and description in comments below)
 Over track Fixed (provide drawings as attachment at end of survey)
 Under track Other (please specify in comments below)

Additional comments: _____

Operations Information

38. What is your target date for the first shipment?* (YYYY-MM-DD) _____

39. If there is a planned end to the movements, please describe. _____

40. What are your anticipated carloads per year?* _____

41. How often will you require service?*

- One-time Monthly
 Occasional (describe in comments below) 1-3 days/week
 Seasonal (describe in comments below) 4-7 days/week

Additional comments: _____

42. What is the maximum number of cars to be spotted at one time. _____

43. Will you be able to accept cars spot-on-arrival?*

- Yes No Undetermined

44. Please list the approximate hours you will require for loading/unloading. _____

You will be asked to provide the following documents at the end of the survey (via e-mail).

(See www.uprr.com/customers/in-dev/privatetrack.shtml for additional information and examples.)

1. **General location map** (examples would be a city map, Google map, etc. with tracks drawn in)
2. **Exhibit print of current track layout in PDF form**
3. **Current track inspection report** (last 30 days)
4. **Bill of Sale** (if applicable)
5. **Current UP Industrial Track Agreement** (if applicable)

*Thank you for completing this questionnaire.
Please access the web version of this questionnaire to submit your request.*