



Union Pacific Service Feasibility Questionnaire

Union Pacific - 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

We plan to purchase the facility

This is a UP-owned track (if known, indicate track # below)

If UP-owned track, please enter the track number:

Circ7: _____

Yard: _____

Track: _____

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: _____

Billing Address

14. Mailing Address to be used for track lease invoices (if applicable):

Address (Line 1): _____

Address (Line 2): _____

City: _____

State: _____

Zip Code: _____

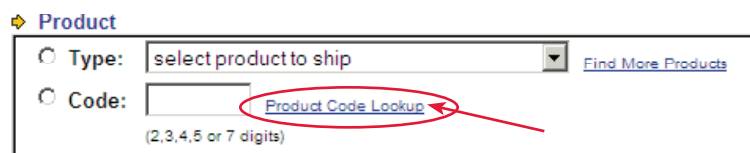
Commodity Information

15. 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.



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

Yes No **(If NO, skip to Question 20)**

Hazardous Materials/ES Information

17. Is this commodity a Toxic Inhalant Hazard?*

Yes No

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

19. 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

20. Select all that describe your planned operations.*

- | | |
|--|---|
| <input type="checkbox"/> Shipper | <input type="checkbox"/> Manifest |
| <input type="checkbox"/> Receiver | <input type="checkbox"/> Unit train (indicate number of cars in comments below) |
| <input type="checkbox"/> Care of party | <input type="checkbox"/> Undetermined |

Additional comments: _____

21. Select all that describe your planned equipment.*

- | | |
|---|--|
| <input type="checkbox"/> Boxcars | <input type="checkbox"/> Covered hoppers |
| <input type="checkbox"/> Flat cars | <input type="checkbox"/> Gondola cars |
| <input type="checkbox"/> Open-top hoppers | <input type="checkbox"/> Tank cars |
| <input type="checkbox"/> UP-owned | <input type="checkbox"/> Private |
| <input type="checkbox"/> Leased | <input type="checkbox"/> Undetermined |
| <input type="checkbox"/> Other (please specify) | |

If you selected other please specify: _____

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

- Yes No **(If YES, skip to Question 25)**
(If NO, we will process this as a request for rail car storage.)

Storage Information

23. Will your storage be loads or empties?*

- Loads Empties Both loads and empties

24. 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 28)

Loading/Unloading Information

25. 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: _____

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

27. 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

28. What is your target date for the first shipment?*(MMDDYYYY) _____

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

30. What are your anticipated carloads per year?*

31. 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: _____

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

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

- Yes No Undetermined

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

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