

Road Crossing Application Form

SECTION 1: TO BE COMPLETED FOR ALL CROSSINGS

Name _____

Address _____

City _____ State _____ Zip Code _____

Contact Person _____

Phone _____ Fax _____

() Individual () Partnership () Proprietorship () Corporation: _____ State Incorporated

Names of Officers, Partners or Proprietor _____

Billing Address if different than above _____

Type of Road Crossing:

- ___ Private Farm Crossing ___ Private Commercial Crossing ___ Contractor's Crossing
- ___ Pedestrian Overpass ___ Pedestrian Underpass ___ Other _____
- ___ Existing Crossing ___ New Installation ___ Relocation
- ___ Permanent Use ___ Temporary Use for _____ Mos. ___ Reconstruction

Crossing will be used to access _____

Type of Vehicles To Be Driven Over Crossing:

- ___ Passenger Cars ___ Recreational Vehicles ___ Pickups
- ___ Farm Equipment ___ Heavy Construction Equipment ___ Other _____

Approximate number of daily one way trips over the crossing _____

Name of Owner of Property to be served by crossing _____

Address if different than above _____

Crossing is Located in the:

_____ Section _____, Township _____, Range _____

(Example: SE 1/4 of NW 1/4 Section 15, Township 39N, Range 12E)

In / Near the City of _____, _____ County/Parish, State of _____

Attach a Legal Description of Your Property to be served by the crossing and a Property or County Map showing the Location of the Crossing.

INDICATE on the map the distance measured along the track between the crossing and fixed objects in the vicinity (i.e. bridge, culvert, railroad mile marker, public road)

SECTION 2: TO BE COMPLETED FOR EXISTING CROSSINGS ONLY

Name(s) of previous users of crossing _____

Crossing is currently covered by license agreement number _____

Dated _____ with _____

SECTION 3: TO BE COMPLETED FOR INSTALLATION OF NEW CROSSINGS ONLY

How is property currently accessed? _____

Why was access to property not obtained from previous owner _____

Desired crossing will be _____ feet () north () south () east () west
of nearest _____ () public () private road crossing.

Track is in _____-ft cut/fill Number tracks crossed _____ Track is on: () curve () straight

Signed _____ Date _____

FOR RAILROAD USE ONLY

RAILROAD MILEPOST _____ RAILROAD SUBDIVISION _____ AAR/DOT NUMBER _____

MGR IND & PUBLIC PROJECTS _____ MGR TRACK MAINTENANCE _____ MGR SIGNAL MAINTENANCE _____

TELEPHONE: _____ TELEPHONE: _____ TELEPHONE: _____

SUPERINTENDENT TRANSP SVCS APPROVAL RECEIVED:

WIDTH OF CROSSING _____ WIDTH OF RR RIGHT-OF-WAY _____ CROSSING SURFACE _____

FLAGGING PROTECTION REQUIRED? _____ LOCKED GATES REQUIRED AT RIGHT-OF-WAY LINES? _____

SPECIAL PROVISIONS: _____ ESTIMATED COST (ATTACH MATERIAL AND FORCE ACCOUNT ESTIMATE)

WORK TO BE PERFORMED BY RAILROAD:

ANNUAL LICENSE FEE _____ ANNUAL SIGNAL MAINTENANCE FEE _____

SUBMITTED BY _____ DATE _____

TITLE: _____