

**Agreement Holder Information:**

Name of Agreement Holder:	Phone No:
Email Address:	Contact Name & Phone No:
Corporation (if any):	State in which incorporated:
Complete Business Address (if different from below):	
Complete Billing Address & Phone Number:	
If not a corporation, name(s) of owners or partners:	
Applicant Reference No (if any):	

Wireline Information:

Application For (choose one): Wireline Crossing Wireline parallel to track Both

Type of service requested:	<input type="radio"/> Commercial	<input type="radio"/> Industrial	<input type="radio"/> Individual (residential)	<input type="radio"/> Multi-Family (subdivision)	
Is there private or public access to this site?	<input type="radio"/> Yes	<input type="radio"/> No	If yes, what type _____		
Will the user need access across railroad tracks and/or railroad property?	<input type="radio"/> Yes	<input type="radio"/> No			
Wireline will be used for:	<input type="radio"/> Electric	<input type="radio"/> Fiber Optic	<input type="radio"/> Telephone	<input type="radio"/> Cable TV	<input type="radio"/> Other: _____
Size and type of wire or cable:					
Number of electrical conductors:	Voltage:	Phase:	Cycles:		
Number of other wires:					
Number of optic fibers:	Number of pairs of telephone conductors:				

Location Information:

Name of the nearest city or town:	County:	State:
Distance and direction from nearest Railroad milepost:		
Quarter Section, Section, Township, Range:		
Distance in feet measured along the track from the point wire(s) cross the track (main track or more than one track) to known point on Railroad (centerline of road crossing, center of railroad culvert, east or west end of a railroad bridge, points of a railroad switch):		
Angle wireline will make with track at the point of crossing:		
Distance from centerline of nearest track if a parallel wireline encroachment:		
Is crossing within a public road right of way? <input type="radio"/> Yes <input type="radio"/> No		
Name of road: _____		Right of way width _____ feet
US Dept. of Transportation Railroad Crossing No.:		
Total length of wireline on railroad right of way:		

Construction Information (applicable section(s) *must* be completed):

Overhead Wireline(s):

Number of new poles on Railroad Right of way:	Or in public right of way:
Distance of each pole from centerline of closest railroad track measured perpendicular to the track (also show on attached sketch):	
Distance of closest guy wires to the centerline of the closest railroad track measured perpendicular to the track (also show on attached sketch):	
Vertical distance lowest wire is above top of rail of highest railroad track:	
Vertical distance lowest wire is above highest wire of railroad signal, communication, or electrical supply line(s):	
Length of wire span over track(s):	Length of adjacent span:

Underground Wireline(s):

Method of installation: <input type="radio"/> Directional bore <input type="radio"/> Jacking <input type="radio"/> Trenching (for longitudinal installation only)		
<input type="radio"/> Other _____		
Distance from header of dry boring or jacking pit to center of closest track measured perpendicular to track:		
Length of casing pipe:	Type of pipe:	Wall Thickness of pipe:
Vertical distance from base of rail of lowest track to top of casing:		
Distance from bottom of track ditch to wire or conduit:		
Distance below ground surface outside of track and track ditch area:		

Submit two copies of this application along with plan view and cross sectional view sketches showing the proposed wireline and the railroad track for total occupancy of railroad property. Show actual designed depths heights, and distances, not minimum standards.

If in the opinion of Railroad, sufficient hazard is involved, Railroad will supply a flagman, with proper advance notice, or if the wireline installation requires removal, replacement, modification, or locating of track, bridges, signals, railroad wires or pipelines, roads, or the supply of railroad engineering or supervision, the applicant agrees the full cost of such railroad services will be borne by the applicant.

Failure to provide all of the requested information will result in the automatic cancellation of this application.

Signature of Applicant

Title

Date

If a consultant or other third party is preparing this application, please fill out the following:

Name of individual preparing application: _____

Name of firm: _____

Business Address of preparer: _____

Telephone Number: _____