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:_______________

MGR TRACK MAINTENANCE  MGR SIGNAL MAINTENANCE

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:

WORK TO BE PERFORMED BY RAILROAD:

ANNUAL LICENSE FEE  ANNUAL SIGNAL MAINTENANCE FEE

__________________________________  __________________________________

SUBMITTED BY _______________________________  DATE _______________________________

TITLE: ___________________________________