



APPLICATION PROCESS & INSTRUCTIONS

Telephone (303) 398-0400, Fax (866) 351-9503

PUBLIC GRADE CROSSING APPLICATION

It is the Railroad’s policy that two existing grade crossings must be removed for one new grade crossing installation to be approved. INCOMPLETE applications may result in processing delays. Applications submitted without the required fees will not be processed.

If this application is approved, applicant agrees to reimburse the railroad for any cost incurred by the applicant incident to installation, maintenance, and/or supervision necessitated by this installation and further agrees to assume all liability for accidents or injuries which arise as a result of this installation. **A non-refundable fee in the amount of \$4,000 USD (\$5,328 CAD) is due with the application.** In addition, fees will be assessed pursuant to a written crossing agreement.

(Be sure to list the check number(s) at the bottom of the cover sheet AND application)

Make check(s) payable to:

**OmniTRAX Inc.
C/O AR Real Estate Department
252 Clayton Street
Denver, CO 80206**

(As information, future payments will also be sent to the address listed above.)

If the submitted application and/or plans require review by an environmental (HAZMAT) or other outside consultants, it will solely be at the applicant’s expense and in addition to the aforementioned fees.

Once an executable Public Grade Crossing agreement is submitted to you, the agreement must be fully negotiated and executed within one hundred twenty (120) days. Thereafter, the application and materials will be archived and resubmission (including fees) will be required.

Canadian residents/businesses, this fee is a taxable supply, please include applicable GST

PLEASE INITIAL HERE INDICATING YOUR UNDERSTANDING OF THIS POLICY: _____

CHECK NUMBER(S): _____

RAIL MADE

EASY





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SECTION 1: TO BE COMPLETED FOR ALL CROSSINGS

- 1. Complete Legal Name of Applicant: _____
- 2. Agreement to be in the name of (if different from above): _____
- 3. Type of Entity (please mark one): Corporation LLC Individual Municipality
Partnership General Limited Other _____
- 4. If applicable, state/province of incorporation or organization: _____
- 5. Federal Tax Identification number (U.S. Leases): _____
- 6. Mailing Address: _____
- 7. Overnight Delivery Service Address (if different): _____
- 8. Contact Person: _____ Title: _____
- 9. Phone No.: () _____ Fax No.: () _____
- 10. Email: _____
- 11. Email Address Where Notices Can be Sent to: _____
- 12. **Billing Contact Name, Phone Number, and Address Required:**

- 13. Type of Road Crossing:

<input type="checkbox"/> Private Farm Crossing	<input type="checkbox"/> Private Commercial Crossing	<input type="checkbox"/> Contractor's Crossing
<input type="checkbox"/> Pedestrian Overpass	<input type="checkbox"/> Pedestrian Underpass	<input type="checkbox"/> Other _____
<input type="checkbox"/> Existing Crossing	<input type="checkbox"/> New Installation	<input type="checkbox"/> Relocation
<input type="checkbox"/> Permanent Use	<input type="checkbox"/> Temporary Use for _____ Mos.	<input type="checkbox"/> Reconstruction
- 14. Crossing will be used to access _____
- 15. Proposed Width of Crossing: _____ feet
- 16. Desired Material for Crossing (circle one): Wood Planks / Concrete / Asphalt / Rubber / Other _____
- 17. Type of Vehicles to be driven over crossing:

<input type="checkbox"/> Passenger Cars	<input type="checkbox"/> Recreational Vehicles	<input type="checkbox"/> Pickups
<input type="checkbox"/> Farm Equipment	<input type="checkbox"/> Heavy Construction Equipment	<input type="checkbox"/> Other _____
- 18. Approximate number of daily one way trips over the crossing _____
- 19. Name of Owner of Property to be served by crossing _____
- 20. Address if different than above _____
- 21. Railroad being crossed: _____
- 22. Milepost (application will not be processed without a MP) _____
- 23. Crossing is located in the: _____ Section _____, Township _____, Range _____
(Example: SE ¼ of NW ¼ Section 15, Township 39N, Range 12E)
- In/Near the City of _____ County _____ State _____

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).



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SECTION 2: TO BE COMPLETED FOR EXISTING CROSSINGS ONLY

Name(s) of previous users of crossing _____
Crossing is currently covered by Agreement Number _____
Dated _____ with _____

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

How the property is currently accessed?

Why was the 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

SECTION 4: REQUIRED Location: Geographical Coordinates (in decimal degrees)

Latitude _____ Longitude _____

By submitting this application for credit, you authorize OmniTRAX or affiliate, to make any inquiries necessary to determine credit worthiness. You release your banking instruction release details that would assist to determine credit worthiness.

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein. Our terms of sale and service are NET 30 DAYS from the date listed on the invoice. Invoices that are beyond granted terms will be assessed a late fee of 18% APR (1.5% monthly) additional Terms and Conditions apply. A \$20.00 charge will apply for any NSF/Non-Sufficient Checks.

Date: _____ LIST CHECK NUMBER(S): _____
Signature: _____
Name Printed: _____
Title: _____
Phone No.: _____

BE SURE TO RETURN THE COVER SHEET WITH YOUR APPLICATION