



APPLICATION FOR PIPE LINE CROSSING/PARALLEL ENCROACHMENT UNDER/OVER PROPERTIES AND TRACKS

Telephone (303) 398-0441. Fax (866) 524 - 4141

Check the box if this is a **RUSH** application. Add \$1,500 USD (\$1,875 CAD) in addition to the application fee listed below.

PIPELINE CROSSING/PARALLEL ENCROACHMENT UNDER/OVER PROPERTIES AND TRACKS

Proposed plans must be approved by the railroad and a crossing agreement must be fully executed between the railroad and the applicant before construction can begin. Material and installation are to be in strict accordance with specifications of the American Railway Engineering Association and requirements of the railroad. One original of this form shall be submitted, accompanied by letter- sized Engineer Stamped Plans, elevation section of crossing from field survey, location in respect to Mile Post, width of railroad right of way, location of adjacent structures that may impede the crossing, and all information required in Figures 1 and 2 of AREMA Specifications, Part 5. If open cutting or tunneling is necessary, details of sheeting and method of supporting tracks or driving tunnel shall be shown.

Provide location (i.e. city, street, railroad milepost) and engineer stamped plans of the proposed leased premises with dimensions, coordinates and directions. Also depict any planned improvements on the leased premises with dimensions from nearest track (may incur additional costs or agreements for above ground occupancy). In addition, annual fees will be assessed pursuant to a written lease agreement. Please return the completed application, proposed plans indicating the location of the pipe, and a check for the non-refundable fee of **\$5,500 USD (\$6,875 CAD)**.

Make check(s) payable to:

**OmniTRAX Inc.
C/O AR Real Estate Department
252 Clayton Street, 4th Floor
Denver, CO 80206**

If the application is approved, the applicant agrees to reimburse property owner for any cost incurred by property owner 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 as provided in the agreement to be executed.

Incomplete applications may result in processing delays. Applications submitted without the required fees will not be processed.

Please note, if the submitted application and prints require review by any independent environmental (HAZMAT) or other outside consultants, this review will be at applicant's sole cost and in addition to the aforementioned fees.

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

STANDARD APPLICATION PROCESS IS 60 DAYS. REQUESTS FOR RUSH SERVICE: Once a COMPLETE application and required fees are received, including the rush fee of \$1,500 USD (\$1,875 CAD), a draft agreement will be made available for review within twenty one (21) business days. Please be sure to mark the box above.

Once an executable agreement is submitted to you, the license 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.

PLEASE INITIAL HERE INDICATING YOUR UNDERSTANDING OF THIS POLICY: _____

RAIL MADE

EASY



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If you have not reviewed the Railroad's Utility Accommodation Policy, please contact our Real Estate office at omnitrax.real.estate@omnitrax.com or 303.398.0441 to receive a copy prior to submittal of this application

SECTION 1:

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. Railroad Name: _____
 - Nearest Milepost: _____ DOT No.: _____
 - Track Station (from): _____ Track Station (to): _____
- NOTE: If Milepost or Track Stations are not known, please indicate the nearest road intersection here;

Section: _____ Township: _____ Range: _____
City: _____ County: _____ State: _____

Geographical Coordinates Required

Latitude: _____ Longitude: _____

Located on the (N/S/E/W) _____ side of (landmark, intersection)

SECTION 2:

All specifications meet or exceed Railroad's Utility Accommodation Policy **INITIAL HERE:** _____

OR Variance requested – PLEASE DESCRIBE IN DETAIL (attach separate sheet if necessary):

- Temporary track support or rewrapping required? () Yes () No If yes, please describe: _____



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• Wires, poles, obstructions to be relocated? () Yes () No If yes, please describe _____

• Product to be conveyed: _____

• Flammable? () Yes () No Temp _____

• Max. Working Pressure: _____ PSI. Field Test Pressure: _____ PSI.

Type test: _____

• Location of shut-off valve: _____

• **PIPE SPECIFICATIONS:**

	CARRIER PIPE	CASING PIPE
Material	_____	_____
Material Specifications and Grade	_____	_____
Min. Yield Strength of Mat. PSI	_____	_____
Mill Test Pressure PSI	_____	_____
Inside Diameter	_____	_____
Wall Thickness	_____	_____
Outside Diameter	_____	_____
Type of Seam	_____	_____
Laying Lengths	_____	_____
Kind of Joints	_____	_____
Total Length within RR R/O/W	_____	_____

VENTS: # _____ Size _____ Ht. above ground _____

SEALS: Both ends _____ One end _____ BURY: Base of rail to top of casing _____ ft. _____ in.

BURY (Not beneath tracks): _____ ft. _____ in. BURY (Roadway pipe): _____ ft. _____ in.

CATHODIC PROTECTION: () Yes () No

PROTECTIVE COATING: () Yes () No Kind: _____

Type, size, and spacing of insulators or supports: _____

• Method of Installation: _____



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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: _____

Signature: _____

Name Printed: _____

Title: _____

Phone No.: _____

Fax No: _____

BE SURE TO RETURN THE COVER SHEET WITH YOUR APPLICATION