



## APPLICATION PROCESS & INSTRUCTIONS

Telephone (303) 398-4588, Fax (866) 351-9503

Check the box if this is a **RUSH** application. Add \$1,500 USD (\$1,903 CAD) in addition to the application fee listed below.

# UNDERGROUND WIRE OR CABLE LINE CROSSING OR PARALLEL ENCROACHMENT OF PROPERTIES AND TRACK

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 wire line, and a check for the non-refundable fee of **\$5,000 USD (\$6,342 CAD)**.

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 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\*\*\*

**REQUESTS FOR RUSH SERVICE:** Once a COMPLETE application and required fees are received, including the rush fee of \$1,500 USD (\$1,903 CAD), a draft agreement will be made available for review within thirty (30) 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 thirty (30) 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: \_\_\_\_\_ CHECK NUMBER \_\_\_\_\_



# APPLICATION FOR UNDERGROUND WIRE OR CABLE LINE CROSSING OR PARALLEL ENCROACHMENT OF PROPERTIES AND TRACK

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**If you have not reviewed Railroad's Utility Accommodation Policy, please contact our Real Estate office at [omnitrax.real.estate@omnitrax.com](mailto:omnitrax.real.estate@omnitrax.com) or 303.398.0400 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:**

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13. Railroad Name: \_\_\_\_\_
  - Nearest Milepost: \_\_\_\_\_ DOT No.: \_\_\_\_\_
  - Track Station (from): \_\_\_\_\_ Track Station (to): \_\_\_\_\_

### Property Address (REQUIRED):

Section: \_\_\_\_\_ Township: \_\_\_\_\_ Range: \_\_\_\_\_  
 City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_

### Geographical Coordinates Required (in decimal degrees)

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

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

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## 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):

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- Angle between centerline of right-of-way and wireline will be \_\_\_\_\_ degrees.
- Number of RR Co.'s tracks to be crossed \_\_\_\_\_ Number of pole lines crossed \_\_\_\_\_
- Crossing will be: Transmission \_\_\_\_\_ Distribution \_\_\_\_\_ Service \_\_\_\_\_
- Altering current \_\_\_\_\_ voltage \_\_\_\_\_ No. of Phases \_\_\_\_\_ Hertz \_\_\_\_\_
- Direct Current \_\_\_\_\_ voltage \_\_\_\_\_ amperes \_\_\_\_\_
- Conductors: (a) Number \_\_\_\_\_ (b) AWG gauge \_\_\_\_\_ (c) material \_\_\_\_\_



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- Maximum voltage \_\_\_\_\_ Maximum current \_\_\_\_\_
- Max. fault to ground current \_\_\_\_\_ Ht. of wire supports above ground level \_\_\_\_\_
- Material (encasement) \_\_\_\_\_ Outside diameter \_\_\_\_\_ Wall thickness \_\_\_\_\_
- Total length within Railroad right-of-way \_\_\_\_\_ Height of wires above top of rail at 60°F \_\_\_\_\_
- Sag in Spans at 60°F \_\_\_\_\_ Height of wires above Railroad communication & signal wires at 60°F \_\_\_\_\_ Feet
- Bury: Base of rail to top of casing \_\_\_\_\_ Not beneath tracks \_\_\_\_\_ Roadway ditches \_\_\_\_\_
- Type of wire supports \_\_\_\_\_ Size \_\_\_\_\_ False dead ends \_\_\_\_\_
- Number of poles to be located on Railroad Company's right-of-way \_\_\_\_\_
- Distance from butt of pole to nearest rail of main track \_\_\_\_\_
- Distance from butt of pole to nearest rail of sidetrack \_\_\_\_\_
- If additional wire line attachments or revisions are to be made to existing crossing, please advise number and/or date of agreement: \_\_\_\_\_
- Will line exclusively serve Lessee of Railroad? \_\_\_\_\_ Name \_\_\_\_\_
- Will line run parallel or approx. parallel to Railroad Co.'s tracks? \_\_\_\_\_ Distance of parallelism: \_\_\_\_\_  
Please give approximate horizontal separation from our signal and telephone wires \_\_\_\_\_
- Will line be located in public road right-of-way? \_\_\_\_\_ DOT/AAR Crossing No. \_\_\_\_\_  
(If "yes", show name, road number and right-of-way on print). Name of Public Road \_\_\_\_\_

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.: \_\_\_\_\_

Fax No.: \_\_\_\_\_

**BE SURE TO RETURN THE COVER SHEET WITH YOUR APPLICATION**