



WIRE OR CABLE APPLICATION & INSTRUCTIONS

RealEstate@PioneerLines.com

If you require **Expedited Service**, notify us by checking this box. There is an additional fee of \$2,000 USD for this request.

A completed application, non-refundable fee in the amount of **\$5,500 USD**, and Engineer Stamped Plans are required to begin the lease process. Proposed plans must be approved by the railroad and an agreement must be fully executed between the railroad and the applicant before construction can begin. Proposed 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.

The non-refundable fee of **\$5,500 USD** includes contract preparation and basic engineering review. If your project is complex additional engineering review fees will be required. Additional fees will also be requested if flagging or a Right of Entry are required for your project.

Make all checks payable to:

Pioneer Railroad Services, Inc.
C/O Real Estate Department
75 Remittance Drive
Dept. 4648
Chicago, IL 60675-4648

LIST CHECK NUMBER(S): _____

Once an executable lease, license, or other agreement is submitted to you, it must be fully executed within thirty (30) days. Thereafter, the application and materials will be archived, and resubmission (including fees) will be required. All annual rental payments can be submitted to the same name and address shown above.

EXPEDITED SERVICE: Once a complete application, Engineer Stamped Plans, and required fees are received, including the additional fee of \$2,000 USD, an executable agreement will be made available for review within fourteen (14) business days. Please be sure to mark the box above if you require this service.

PLEASE INITIAL HERE TO INDICATE YOU UNDERSTAND THIS POLICY _____



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SECTION 1:

1. Legal Name of Applicant: _____
2. Agreement to be in the name of (if different from above): _____
3. Type of Entity (select 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 non-billing notices can be sent to: _____
12. Is Applicant a condemning authority? ___Yes___ No
13. Is Applicant an active railroad shipper? ___Yes___ No
14. Does Applicant have existing agreements with Pioneer Lines or its predecessors? If so, attach a list of those agreement numbers with this application.

15. Billing Contact Name, Phone Number, Email, and Address Required:

NAME: _____

PHONE NUMBER: _____ EMAIL: _____

ADDRESS: _____

16. Railroad Name: _____
- Nearest Milepost: _____ DOT No.: _____
- Track Station (from): _____ Track Station (to): _____

(Adjacent Address)

Section: _____ Township: _____ Range: _____

City: _____ County: _____ State: _____

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

Geographical Coordinates Required (in decimal degrees)

Latitude: _____ Longitude: _____



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SECTION 2:

All specifications meet or exceed Railroad's Wireline Specifications for Clearance **INITIALHERE:** _____

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

- Angle between centerline of right-of-way and wireline will be _____ degrees.
- Number of Railroad tracks to be crossed _____ Number of pole lines crossed _____
- Crossing will be: Transmission () Distribution () Service () Fiber/Telecom () Telephone ()
Other _____
- Alternating current _____ voltage _____ No. of Phases _____ Hertz _____
- Direct Current _____ voltage _____ amperes _____
- Conductors: (a) Number _____ (b) AWG gauge _____ (c) material _____
- Maximum voltage _____ Maximum current _____
- Max. fault to ground current _____ Height 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 _____ Depth beneath track _____ 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? Yes () No () Name _____
- Will line run parallel or approx. parallel to Railroad'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 _____



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By submitting this application for credit, you authorize Pioneer Lines, or affiliates, to make any inquiries necessary to determine credit worthiness. You release your banking 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