



PIPELINE APPLICATION & INSTRUCTIONS

michailas@amrailroad.com

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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 or involves HAZMAT, 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 standard checks payable to: _____

A&M Railroad
C/O Real Estate
306 East Emma
Springdale, AR 72764

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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APPLICANT INFORMATION			
Applicant's Complete Legal Name:			
Applicant's Legal Address:			
City:		State:	Zip Code:
Applicant's Entity Type:	<input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Municipality <input type="checkbox"/> Individual <input type="checkbox"/> Other (Specify)		
State of Incorporation (if applicable):			
Emergency Contact:		Emergency Phone:	
Current Rail Customer: <input type="checkbox"/> Yes <input type="checkbox"/> No			
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)			
Applicant's Billing Address:			
City:		State:	Zip Code:
APPLICANT CONTACT INFORMATION			
Contact Person:		Title:	
Phone:		Fax:	
Email:			
PROJECT LOCATION AND DETAILS			
Type of Service: <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Multi-Family <input type="checkbox"/> Individual <input type="checkbox"/> Other (Specify)			
Name of Railroad:		Nearest City:	County: State:
Section:	Township:		Range:
Latitude/Longitude:			
Distance and Direction from Nearest Railroad Milepost:			
Type of Occupation: <input type="checkbox"/> Crossing <input type="checkbox"/> Parallelism <input type="checkbox"/> Both			
Type of Installation: <input type="checkbox"/> New <input type="checkbox"/> Maintenance <input type="checkbox"/> Upgrade <input type="checkbox"/> Replacement <input type="checkbox"/> Other (Specify)			Existing Agreement Number (if applicable):
Is Facility Temporary or Permanent:		If temporary, estimated duration:	
Angle between Centerline of Right-of-Way and Pipeline:			
Distance from Centerline if a Parallel Occupancy:			
If a parallel Occupancy:	Beginning location (distance and direction from nearest Railroad Milepost):		
	Ending location (distance and direction from nearest Railroad Milepost):		



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Total Number of Railroad Company's Tracks to be Crossed:		
Total Length of Pipeline crossing Railroad Property:		
If Pipeline is located in public road right-of-way:	DOT/AAR Crossing No.:	
	Name of Public Road:	
Will line exclusively serve applicant (if not, list entities served):		
Please attach an image from a map program (i.e. Google Earth, Bing Maps, ArcMap, etc.) showing the proposed location.		
PIPELINE INFORMATION		
Product to be transported in Pipeline: <input type="checkbox"/> Water <input type="checkbox"/> Sewer/Storm <input type="checkbox"/> Oil <input type="checkbox"/> Gas <input type="checkbox"/> Other (Specify)		
Flammable: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Type of Service: <input type="checkbox"/> Transmission <input type="checkbox"/> Distribution <input type="checkbox"/> Service <input type="checkbox"/> Other (Specify)		
Installation Method: <input type="checkbox"/> Directional Bore <input type="checkbox"/> Jack & Bore <input type="checkbox"/> Open Trenching		
Distance (measured perpendicular to track) between header of dry boring or jacking pit to center of closest track:		
Vertical distance between base of rail and top of casing:		
Vertical distance between track ditch and top of casing:		
Vertical distance between surface outside of track and track ditch area and top of casing:		
Location of Shut-Off Valves:		
Number of Vents:	Size:	Height above the ground:
Character of Subsurface Material at Location:		
Approximate Ground Water Level:		
Source of Subsurface Conditions Information:		
PIPELINE SPECIFICATIONS		
	Carrier Pipe	Casing Pipe
Material Specifications and Grade:		
Normal Operating Pressure:		
Nominal Size of Pipe		
Inside Diameter:		
Outside Diameter:		
Wall Thickness:		
Weight per Foot:		
Test Pressure:		
Details of Cathodic Protection:		
Seal or Protection at Ends of Casing:		
Type of Joint		
Type of Coating:		
CONTRACTOR INFORMATION		
Will a contractor be used for installation and/or maintenance: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, contractor not yet identified		
Contractor Company Name:	Contact Name:	
Contractor Address:		
Contact Phone:	Fax:	
Mobile:	Email:	



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Date: _____

LIST CHECK NUMBER(S): _____

Signature: _____

Name Printed: _____

Title: _____

Phone No.: _____

Fax No: _____

BE SURE TO RETURN THE COVER SHEET WITH YOUR APPLICATION

MAKE SURE TO EMAIL COMPLETED APPLICATION TO MICHAILAS@AMRAILROAD.COM