



## WIRE OR CABLE 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 \$2,500 USD for this request.

A completed application, non-refundable fee in the amount of **\$5,750 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 **\$5,750 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 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, Please Describe:		
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 Wireline and/or Cableline:			
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 Wire/Cable Line over/under Railroad Property:			
If line 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.			
<b>WIRE/CABLE LINE INFORMATION</b>			
Type of Crossing: <input type="checkbox"/> Electrical <input type="checkbox"/> Telephone <input type="checkbox"/> Coaxial Cable <input type="checkbox"/> Fiber Optic <input type="checkbox"/> Other (Specify) _____			
Type of Service: <input type="checkbox"/> Transmission <input type="checkbox"/> Distribution <input type="checkbox"/> Coaxial Cable <input type="checkbox"/> Fiber Optic <input type="checkbox"/> Other (Specify) _____			
Size and Type of Wire or Cable:			
Number of Electric Conductors:	Voltage:	Phases:	Cycles:
Number of Other Wires:	Number of Optic Fibers:	Number of Pairs of Telephone Conductors:	
<b>OVERHEAD WIRE/CABLE LINE(S)</b>			
Number of Poles to be installed within Railroad Right of Way:			
Distance of Poles from Centerline of closest Railroad Track (measured perpendicular to the track):			
Type of Wire Supports and Size:			
Vertical Distance between Lowest Wire and Top of Rail:			
Vertical Distance between Lowest Wire and Railroad Signal, Communication and/or Electrical Supply Line(s):			
<b>UNDERGROUND WIRE/CABLE LINE(S)</b>			
Installation Method: <input type="checkbox"/> Directional Bore <input type="checkbox"/> Jack & Bore			
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 wire/conduit:			
Character of Subsurface Material at Location:			
Approximate Ground Water Level:			
Source of Subsurface Conditions Information:			
<b>CONDUIT DATA (FOR UNDERGROUND INSTALLATIONS) (if applicable)</b>			
	Carrier Pipe	Casing Pipe	
Material Specifications and Grade:			
Inside Diameter:			
Outside Diameter:			
Wall Thickness:			
Weight per foot:			
Type of Joint			
Type of Coating:			
<b>CONTRACTOR INFORMATION</b>			
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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By submitting this application for credit, you authorize Arkansas and Missouri Railroad, 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  
MAKE SURE TO EMAIL COMPLETED APPLICATION TO MICHAILAS@AMRAILROAD.COM**