

GRADE CROSSING APPLICATION & INSTRUCTIONS

A non-refundable fee in the amount of **\$5,000.00 USD**, completed application and an exhibit of the proposed lease premises (including dimensions, coordinates, and cardinal directions) are required to begin the lease process. The exhibit should depict any planned or existing improvements on the requested premises and the distance from the nearest track.

The non-refundable fee of **\$5,000.00 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 temporary right of entry are required for your project.

Make all checks payable to:

[NAME OF RAILROAD]

Memo: Gulf & Atlantic Accounting Dept. (R.E. Fees)
245 Riverside Avenue
Suite 250
Jacksonville, FL 32202

LIST CHECK NUMBER(S): _____

Contact us at GAR-AR@pinsly.com for ACH information [state the name of the railroad in the subject line and attach the completed application with plans].

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, please reference the agreement number in the memo for proper application of funds.

NOTE: It is the Railroad's policy that two existing grade crossings must be removed for one new grade crossing installation to be approved. Applications submitted without the required fees will not be processed. If this application is approved, applicant agrees to reimburse the railroad for any cost incurred for installation, maintenance, and/or supervision required for this installation and further agrees to assume all liability for accidents or injuries which arise as a result of this installation.

PLEASE INITIAL HERE INDICATING YOUR UNDERSTANDING OF THIS POLICY: _____

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SECTION 1: APPLICANT INFORMATION AND LOCATION

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. Is track usage needed? ___ Yes ___ No (**NOTE:** If track usage is required, submit a Track Lease 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: CROSSING INFORMATION

1. Type of Road Crossing:

- | | | |
|---|---|--|
| <input type="checkbox"/> Farm Crossing | <input type="checkbox"/> Private Commercial Crossing | <input type="checkbox"/> Existing Crossing |
| <input type="checkbox"/> Pedestrian | <input type="checkbox"/> Contractor's Crossing | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Residential Crossing | <input type="checkbox"/> New Installation | <input type="checkbox"/> Relocation |
| <input type="checkbox"/> Public Crossing | <input type="checkbox"/> Temporary Use for _____ Mos. | <input type="checkbox"/> Reconstruction |

2. Crossing will be used to access _____

3. Proposed Width of Crossing: _____ feet

4. Desired Material for Crossing (select one): Wood Planks () Concrete () Asphalt () Rubber () Other _____

5. Type of Vehicles to be driven over crossing:

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> Passenger Cars | <input type="checkbox"/> Recreational Vehicles | <input type="checkbox"/> Pickups |
| <input type="checkbox"/> Farm Equipment | <input type="checkbox"/> Heavy Construction Equipment | <input type="checkbox"/> Other _____ |

6. Approximate number of daily one-way trips over the crossing _____

7. Name of Owner of Property to be served by crossing _____

8. Address if different than above _____

Attach a legal description of your property to be served by the crossing and a property or county map showing the location of the crossing. Indicate on the map the distance measured along the track between the crossing and fixed objects in the vicinity (i.e., bridge, culvert, railroad mile marker, public road).

SECTION 3: TO BE COMPLETED FOR EXISTING CROSSINGS ONLY

Name(s) of previous users of crossing _____

Crossing is currently covered by Agreement Number _____

Dated _____ with _____

SECTION 4: TO BE COMPLETED FOR INSTALLATION OF NEW CROSSINGS ONLY

How is the property currently accessed?

Why was the access to property not obtained from previous owner?

Desired crossing will be _____ feet () North () South () East () West of nearest () Public () Private road crossing.

Track is in _____ ft. cut/fill Number tracks crossed _____ Track is on: () Curve () Straight



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By submitting this application for credit, you authorize Pinsly, 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: _____