

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, <u>non-refundable</u> 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 <u>non-refundable</u> fee of **\$5,750 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 checks payable to:

[NAME OF RAILROAD] Memo: Pinsly Accounting Dept. (R.E. Fees) 245 Riverside Avenue Suite 250 Jacksonville, FL 32202

LIST CHECK NUMBER(S):

Contact us at Realestate-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.

EXPEDITED SERVICE: Once a <u>complete</u> application, Engineer Stamped Plans, and required fees are received, including the additional fee of \$2,500 USD, an executable agreement will be made available for review within fourteen (14) business days. <u>Please be sure to mark the box above if you require this service</u>.

PLEASE INITIAL HERE TO INDICATE YOU UNDERSTAND THIS POLICY



SECTION 1:

2. Agreement to be in	Agreement to be in the name of (if different from above):					
		IndividualMunicipality				
	If applicable, state/province of incorporation or organization:					
	Federal Tax Identification number (U.S. Leases):					
6. Mailing Address:						
		Title:				
		Fax No.: ()				
12. Is Applicant a cond	emning authority? Yes No					
13. Is Applicant an acti	3. Is Applicant an active railroad shipper?YesNo					
14. Does Applicant hav	 Does Applicant have existing agreements with Pioneer Lines or its predecessors? If so, attach a list of those agreements 					
numbers with this						
	ne. Phone Number. Email. and Addr	ess Required:				
NAME:	ne, Phone Number, Email, and Addr	ess Required:				
_	ne, Phone Number, Email, and Addr	ess Required: EMAIL:				
NAME:	ne, Phone Number, Email, and Addı					
NAME: PHONE NUMBER: ADDRESS:		EMAIL:				
NAME: PHONE NUMBER: ADDRESS: 16. Railroad Name:		EMAIL:				
NAME: PHONE NUMBER: ADDRESS: 16. Railroad Name: Nearest Milepost:	DOT No.:	EMAIL:				
NAME: PHONE NUMBER: ADDRESS: 16. Railroad Name: Nearest Milepost:	DOT No.:	EMAIL:				
NAME: PHONE NUMBER: ADDRESS: 16. Railroad Name: Nearest Milepost:	DOT No.:	EMAIL:				
NAME: PHONE NUMBER: ADDRESS: 16. Railroad Name: Nearest Milepost: Track Station (from): (Adjacent Address)	DOT No.:	EMAIL:				
NAME: PHONE NUMBER: ADDRESS: 16. Railroad Name: Nearest Milepost: Track Station (from): (Adjacent Address) Section:	DOT No.:	EMAIL:				
NAME: PHONE NUMBER: ADDRESS: 16. Railroad Name: Nearest Milepost: Track Station (from): (Adjacent Address) Section: City:	DOT No.: Township: County:	EMAIL:				
NAME: PHONE NUMBER: ADDRESS: 16. Railroad Name: Nearest Milepost: Track Station (from): (Adjacent Address) Section: City: boated on the (N/S/E/W)	DOT No.: Township: County:	EMAIL:				



SECTION 2:

	All specifications meet or exceed Railroad's Pipeline Specifications for Occupation INITIALHERE: <u>OR</u> Variance requested – PLEASE DESCRIBE IN DETAIL (attach separate sheet if necessary):		
	<u>ON</u> variance requested — PLEASE DESCRIBE IN DETAIL (attach separate sheet in necessary).		
	Temporary track support or rewrapping required? () Yes () No If yes, please describe:		
	Wires, poles, obstructions to be relocated? () Yes () No If yes, please describe		
	Product to be conveyed:		
	Flammable? () Yes () No Temp		
	Hazardous? () Yes () No		
	Max. Working Pressure:PSI. Field Test Pressure:PSI.		
	Type test:		
	Location of shut-off valve:		
SE	INTS: How many?Size?Height above ground?ftin. ALS: Both endsOne end		
SE BL	ALS: Both endsOne end JRY: Base of rail to top of casingftin.		
SE BL CA	ALS: Both endsOne end JRY: Base of rail to top of casingftin. ATHODIC PROTECTION: () Yes () No		
SE BL CA PR	ALS: Both endsOne end JRY: Base of rail to top of casingftin. ATHODIC PROTECTION: () Yes () No ROTECTIVE COATING: () Yes () No Type:		
SE BL CA PR Ty	ALS: Both endsOne end JRY: Base of rail to top of casingftin. ATHODIC PROTECTION: () Yes () No ROTECTIVE COATING: () Yes () No Type: pe, size, and spacing of insulators or supports:		
SE BL CA PR Ty	ALS: Both endsOne end JRY: Base of rail to top of casingftin. ATHODIC PROTECTION: () Yes () No ROTECTIVE COATING: () Yes () No Type: pe, size, and spacing of insulators or supports: Method of Installation:		
SE BL CA PR Ty	ALS: Both endsOne end JRY: Base of rail to top of casingftin. ATHODIC PROTECTION: () Yes () No ROTECTIVE COATING: () Yes () No Type: pe, size, and spacing of insulators or supports: Method of Installation: Will line exclusively serve Lessee of Railroad? Yes () No () Name		
SE BL CA PR Ty	ALS: Both endsOne end JRY: Base of rail to top of casingftin. ATHODIC PROTECTION: () Yes () No ROTECTIVE COATING: () Yes () No Type: pe, size, and spacing of insulators or supports: Ymathematical Ymathematical		
SE BL CA PR Ty	ALS: Both endsOne end JRY: Base of rail to top of casingftin. ATHODIC PROTECTION: () Yes () No ROTECTIVE COATING: () Yes () No Type: pe, size, and spacing of insulators or supports: Method of Installation: Will line exclusively serve Lessee of Railroad? Yes () No () Name Will line run parallel or approx. parallel to Railroad's tracks?		



Pipe Data

	Carrier	Casing
Contents to be handled:		
Normal operating pressure:		
Outside diameter:		
Inside diameter:		
Wall thickness:		
Weight per foot:		
Material:		
Process of manufacture:		
Specification:		
Grade or class:		
Test pressure:		
Type of joint:		
Type of coating:		
Details of cathodic protection:		
Details of seal or protection at ends of casing:		
Character of subsurface material at the crossing location:		
Approximate ground water level:		
Source of information on subsurface conditions (borings, test pits or other):		

Note: Any soil investigation made on property shall be performed under the supervision of property owner's chief engineer.



Project Information

Desired date to first access Railroad/Trail/Property:		If greater than 30 days, number of days needed to complete project:		
Will you employ a contractor for entry or activities?				
Has contractor been identified?				
Legal name of contractor:				
Contact first & last name:				
Phone:	Email:			
Street:	·		City:	
State/Province:	Postal code:		Country:	

If, in the opinion of the Property Owner, sufficient hazard is involved, Property Owner will supply flaggers/inspectors with proper advance notice or if work or activities require removal, replacement, modification, or locating of track, bridges, signals, railroad wires or pipelines, roads, or the supply of engineering, supervision or construction monitoring. The applicant agrees the full cost of such services will be borne by the applicant.

If this application has been prepared by a consultant or other third party, please complete the following:

Was application prepared by Consultant?				
First & last name of individual who prepared application:				
Legal name of company:	Title:			
Street:		City:		
State/Province:	Postal code:	Country:		
Phone:	Email address:			



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:	

BE SURE TO RETURN THE COVER SHEET WITH YOUR APPLICATION