



There is a **Nonrefundable \$1,200.00** application fee for review of this application.

Montana Rail Link, Inc. ("MRL") utilizes the BNSF Railway Company ("BNSF") Utility Accommodation Policy ("UAP") for design and construction standards for proposed encroachments of utility facilities. Please consult the UAP for such standards prior to submission of this application.

The UAP is updated periodically and is available here: <https://www.bnsf.com/bnsf-resources/pdf/about-bnsf/utility.pdf>

Please be aware that MRL, upon review of this application, may require additional conditions not specified in the UAP for any proposed utility installation or modification work specified herein.

Agreement Holder Information:

Name of Agreement Holder:	Phone No:
Email Address:	Contact Name & Phone No:
Corporation (if any):	State in which incorporated:
Complete Business Address (if different from below):	
Complete Billing Address & Phone Number:	
If not a corporation, name(s) of owners or partners:	
Applicant Reference No (if any):	

Pipeline Product Information:

Application For (choose one): Pipeline Crossing Pipeline parallel to track Both

Product to be handled in pipeline: _____

Location Information:

Name of nearest city or town:	County:	State:
Distance and direction from nearest Railroad milepost:		
Quarter Section, Section, Township, Range:		
Distance in feet measured along the track from the point pipe crosses the track (main track or more than one track) to known point on Railroad (centerline of road crossing, center of railroad culvert, east or west end of a railroad bridge, points of a railroad switch):		
If a transfer of an existing Agreement, please provide current Agreement No.:		
Angle pipe will make with track at the point of crossing:		
Distance from centerline of nearest track if a parallel pipeline encroachment:		
Is crossing within a public road right of way? <input type="radio"/> Yes <input type="radio"/> No If Yes:		
Name of road: _____		Right of way width _____ feet
US Dept. of Transportation Railroad Crossing No.:		
Total length of pipeline on railroad right of way:		

Carrier Pipe Information:

Inside Diameter:	Wall Thickness:
Pipe material:	Material specification(s):
Working pressure: Psi	
Cathodic protection provided? <input type="radio"/> Yes <input type="radio"/> No	Coating:

Casing Pipe Information:

Inside diameter:	Wall thickness:
Pipe material	Material specification:
Length of casing:	Number of vents

Construction Information:

Method of installation (choose one): <input type="radio"/> Dry Boring <input type="radio"/> Jacking <input type="radio"/> Trenching (for longitudinal installation only) <input type="radio"/> Other _____
Distance from header of dry boring or jacking pit to center of closest track measured perpendicular to track:
Vertical distance from base of rail of lowest track to top of casing:
Distance from bottom of track ditch to top of pipe:
Distance below ground surface outside of track and track ditch area:

MRL requires the submission of the following items along with this form for the application to be processed for Engineering Department review:

- 1) Two copies of this application;
- 2) Plan view and cross-sectional view sketches showing the proposed wireline and the railroad track for total occupancy of railroad property, including actual designed depths, heights, and distances, not minimum standards;
- 3) A CAD file, which shall be in the Montana State Plane coordinate system and AutoCAD .dwg file format; and
- 4) Payment of the non-refundable application fee specified above.

If in the opinion of Railroad, sufficient hazard is involved, Railroad will supply a flagman, with proper advance notice, or if the wireline installation requires removal, replacement, modification, or locating of track, bridges, signals, railroad wires or pipelines, roads, or the supply of railroad engineering or supervision, the applicant agrees the full cost of such railroad services will be borne by the applicant.

Failure to provide all of the requested information will result in the automatic cancellation of this application.

Signature of Applicant

Title

Date

If a consultant or other third party is preparing this application, please fill out the following:

Name of individual preparing application: _____

Name of firm: _____

Business Address of preparer: _____

Telephone Number: _____