



# APPLICATION FOR WIRE LINE CROSSING OR LONGITUDINAL

Public Transportation Division  
355 Capitol St. NE, MS43  
Salem OR 97301

				DATE
<b>APPLICANT INFORMATION</b>				
LEGAL NAME OF COMPANY OR MUNICIPALITY THAT WILL OWN THE WIRE LINE				STATE IN WHICH INCORPORATED
IF NOT INCORPORATED, FULL NAMES OF OWNERS OR ALL PARTNERS (ATTACH ADDITIONAL SHEET IF MORE SPACE IS NEEDED)				PHONE
MAILING ADDRESS				FAX
CITY, STATE, ZIP			E-MAIL	
<b>LOCATION OF PROPOSED CROSSING</b>				
QUARTER	LATITUDE (DD)	LONGITUDE (DD)	MILE POST	PLUS
NAME OF NEAREST TOWN ON RAILROAD		COUNTY	STATE	
NAME OF NEAREST ROADWAY CROSSING RAILROAD			CROSSING IS WITHIN LIMITS OF PUBLIC ROAD OR STREET <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>SPECIFICATIONS</b>				<b>CARRIER</b>
Kind of crossing..... <input type="checkbox"/> Electric <input type="checkbox"/> Telephone <input type="checkbox"/> Cable <input type="checkbox"/> Fiber Optic <input type="checkbox"/> Other ( <i>describe below</i> )				
Number of wires .....				
Volts.....				
Phase .....				
Cycles.....				
Fibers .....				
Sizes and kinds of wires.....				
Number of electric supply lines .....				
Length of crossing span .....				
Adjacent spans.....				
Appurtenances on rail property ( <i>describe in comment field below, or attach additional sheet</i> ).....				
Wire clearance over or under top of rail.....				
If under track, type and size of conduit.....				
Wire clearance over rail wire lines .....				
COMMENTS				

Attached to this sheet is a pole-head diagram (if required) and location plan. The location plan shows the tie-down measurement to the centerline of the nearest road crossing, bridge, or other railroad struture. Please authorize us to proceed with this installation or advise what changes are necessary to meet your specifications.

PRINT NAME	TITLE	SIGNATURE <b>X</b>	DATE
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