## WisDOT Temporary Authorization Permit (non-utility) for work on WisDOT RR ROW

Required submittals:

1. Applicant information:

Project Applicant:	
c/o:	
address:	
phone:	
Email:	
Project Location:,	County, Wisconsin
Subdivision/Milepost:	
Effective Date(s): to	

- 2. Brief Project Description discussing the proposed work (include methods, chemicals and / or equipment that will be used within the RR ROW)
- 3. Simple plan view (and profile if applicable) of proposed work
- 4. Project location map (with job limits indicated this might also include plan view)
- 5. A certificate of general liability insurance\* that includes the following:

## a. Project Location must be identified on the certificate

## b.Minimum limits

- Coverage A, bodily injury liability and property damage liability; \$2 million per occurrence.
- Coverage B, physical damage to property liability; \$2 million per occurrence.
- An annual aggregate amount of \$6 million that shall apply separately to each policy, renewal, or extension.
- c. Additional insured
  - Wisconsin Dept. of Transportation 4822 Madison Yards Way, Madison, WI 53707 (rail corridor (land only) owner)
  - Wisconsin River Rail Transit Commission 20 S. Court Street P.O. Box 262 Platteville, WI 53818 (rail infrastructure owner)
  - Chicago and North Western Railroad L.L.C. 1890 E. Johnson Street Madison, WI 53704-4745 (operating railroad)
  - Watco Transportation Services, L.L.C. 315 W. 3rd. St. Pittsburg, KS 66762 (parent company of operating railroad)

\*The insurance certification can be submitted after sending this application form, but WisDOT must have it prior to final execution of the permit. The certification can be emailed from the applicant or directly from carrier—send to: <u>dan.thyes@dot.wi.gov</u>)



I. CURRENT LICENSEE INFORMATION				
Licensee's complete legal name:				
DBA if applicable:				
Licensee contact name:				
Licensee legal physical address:				
City:		State:	Zip+4 (REQUIRED):	
Entry type:	<ul> <li>Corporation</li> <li>Individual</li> <li>Other (Specify) _</li> </ul>	<ul> <li>□ Limited Liability</li> <li>□ Municipality</li> </ul>		d Partnership al Partnership
State of incorporation/formation:				
Licensee email address:			Phone:	
II. BILLING INFORMATION  Same as ASSIGNEE CONTACT INFORMATION				
Bill-to company				
Bill-to contact name:				
Bill-to physical address:				
City:		State:	Zip+4 (REQUIRED):	
Bill-to email address:			Phone:	
	II. ENTRY LOCA	TION AND DE	TAILS	
Name of Railroad:				
Agreement Number:				
Address or Station physical address:			County:	
City:		State:	Milepost:	
Nearest US DOT/AARR crossing number:		Latitude/Longitude:		
Scope of work:				
Number of working days:	Number of weekend or holiday days:			
Date(s) access requested:	Start Date:		Completion Date:	
Provide a copy of the preliminary work schedule				

IV. THIRD-PARTY CONTRACTOR INFORMATION				
Contractor company name:				
Contractor name:		I	Phone:	
Contractor address:				
City:	State:		Zip +4 (Required):	
Contractor email address:				
Scope of work:				
V. DEPARTMENT OF 1	RANSPORTATION PROJ	ECT II	NFORMATION (If applicable)	
DOT agency:				
DOT project number:		DOT co	ontract number:	
Project engineer name:			Phone:	
Project engineer email:				
Pr	ovide a copy of the executed DO	-		
The con	VI. FLAGGING FEE SCH tractor(s) on site will be invoiced for			
Flagging weekday (standard 8-hour da			□ \$1,006	
Flagging weekends/holidays (standard 8-hour day):		□ \$1,196		
Flagging weekday overtime (per hour after 8 hours):		□ \$190		
Flagging weekend/holidays overtime (per hour after 8 hours):		□ \$215		
Expedite fee: (Required if notice is less than 14 days prior to scheduled work)		□ \$5,000		
All fees are non-refundable and subject to change without notice.				
	VII. FLAGGING HOUR DE	ETAIL	S	
Date:	Total Billable Hours:		Approver's Initials:	
Total Billable Hours Authorization				
Licensee/Contractor: Date (MM/DD/YY):				
By signing, I verify the total hours are true and accurate to be invoiced for flagging protection provided by the Railroad.				

If, in the opinion of the Railroad, sufficient hazard is involved, the Railroad will supply a flagman with proper advanced notice; or if any work or activities require removal, replacement, modification, or locating of the track, bridges, signals, railroad wires or pipelines, roads, or the supply of the railroad engineering or supervision, the Licensee agrees that the full cost of such railroad services will be borne by the Licensee. The Federal Regulations mandate protection when a contractor and/or equipment have the potential to be working within 25 feet of the Railroad tracks. The contractor must contact the railroad a minimum of 14 days prior to schedule and receive approval to provide protection.

Before flagging is confirmed, the Licensee/Contractor will need to sign and return the flagging agreement and return all required electronic documentation requested per the agreement. The Railroad will not execute the agreement until the Licensee/Contractor has provided all required documentation. If the signed agreement, billing information, and documentation are not received within 30 days from the date of the initial request, this may result in the application being canceled.

## □ Please check if you have read and understand all fees are non-refundable.

Signature of Licensee/Contractor	Title	Date
Signature of Railroad	Title	Date

Please be sure to submit the most complete and accurate project proposal package to prevent delay or rejection. **Incomplete applications will be rejected immediately**. Please make a note of the agreement number assigned to your application for future reference.

To be complete, an application must include the following:

- □ A completed Application, emailed to FlaggingApplication@watco.com
- □ Payment detail for fee collection (all fees are non-refundable)
- □ Electronic file(s) of all required documentation
  - Preliminary Work Schedule
  - Executed License Agreement
  - Executed DOT Agreement (if applicable)