

**Department of Rail and Public Transportation  
Industrial Access Railroad Tracks Program Application**

Application Date: \_\_\_\_\_

Applicant: \_\_\_\_\_

Description of Applicant's Organization (City, County, Economic Development Authority, Etc.): \_\_\_\_\_

Industry/Business to be served by the proposed Industrial Access Track: \_\_\_\_\_

**Contact Person**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Proposed or Existing Location:

\_\_\_\_\_

Project Description:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Length of proposed Track: \_\_\_\_\_ Estimated Cost: \_\_\_\_\_

Requested amount of Industrial Rail Access Funds: \_\_\_\_\_

The approximate capital outlay to construct and equip the proposed new facility:

\_\_\_\_\_

- OR -

The approximate capital outlay to construct and equip the proposed expansion:

\_\_\_\_\_

Estimated annual number of carloads already handled on existing tracks:

\_\_\_\_\_

Estimated annual number of carloads to be handled on the proposed new track:

\_\_\_\_\_

Rail carloads ratio of overall inbound/outbound traffic (forecasted estimated for first three years after project completion): Ratio \_\_\_\_\_ = Number of railcars \_\_\_\_\_ divided by number of trucks \_\_\_\_\_

If a new industry, the estimated number of people to be employed: \_\_\_\_\_

If an existing industry, the number of people currently employed: \_\_\_\_\_

And the estimated additional employment to be created by the expansion: \_\_\_\_\_

Railroad that will serve the business/industry: \_\_\_\_\_

Planning, Design, and Engineering Completion: \_\_\_\_\_

Construction Start Date: \_\_\_\_\_

Construction Completion Date: \_\_\_\_\_

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The following documentation is to be attached to the application. Applications will not be accepted unless fully complete, including attachments.

1. Resolution from the Local Governing Body supporting the project and requesting the Rail Industrial Access Funds.
2. Location sketch showing the location of the site on an area map.
3. Drawing of the proposed track project showing the clear point(s).
4. Signed maintenance and liability certification.
5. A Virginia Substitute W-9 with federal ID number/EIN and DRPT Vendor sheet.
6. Railroad support letter which documents that the railroad owning the main line to which the proposed access track will connect has agreed to:
  - A. Serve the industry or business.
  - B. Approve and/or participate in the construction of the proposed access track.
  - C. Making the facilities available for use by all common carriers using the railway system to which the industrial access track connects.
7. Background information about the business.
8. Business Plan for new or "start-up" businesses.

## ATTACHMENT 1

# Sample Resolution for Local Support of the Utilization of Industrial Access Railroad Track Funds

### A RESOLUTION OF THE

*(Name of political subdivision and governing board, council, or transportation district here)*

WHEREAS, *(name of industry)* has expressed its intent and desire to the *(name of political subdivision and governing board, council, or transportation district here)* to locate its commercial, business, or industrial operations in *(name of City, County, or Town)*; AND,

WHEREAS, *(name of industry)* and its operation will require rail access; AND,

WHEREAS, the Officials of *(name of industry)*, have reported to the *(name of City, County, or Town)*, their intent to apply for Industrial Access Railroad Track Funds from the Commonwealth of Virginia's Department of Rail and Public Transportation in the amount of  $\$(amount\ applied\ for)$ ; AND,

WHEREAS, *(name of industry)*, has requested that the *(name of political subdivision and governing board, council, or transportation district here)* provide a Resolution supporting its application for said funds which are administered by the Virginia Department of Rail and Public Transportation.

NOW, THEREFORE, BE IT RESOLVED, that the *(name of political subdivision and governing board, council, or transportation district here)* of the *(name of City, County, or Town)* hereby endorses and supports the application of *(name of industry)*, for  $\$(amount\ applied\ for)$  in Industrial Access Railroad Track Funds; AND,

BE IT FURTHER RESOLVED, that the *(name of political subdivision and governing board, council, or transportation district)* hereby makes known its desire and intent to support the Commonwealth Transportation Board in providing the maximum financial assistance to *(name of industry)*, for the purpose of locating its *(business, commercial, or industrial facility)* in *(name of City, County, or Town)*.

ADOPTED:

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(Title of mayor, chairman, political subdivision)

CLERK

## ATTACHMENT 2

**Insert location sketch showing the location of the site on an area map.**

## **ATTACHMENT 3**

**Insert Drawing of proposed track project showing the clear point(s).**

**ATTACHMENT 4**

**SIGNED APPLICANT / INDUSTRY CERTIFICATION**

**Sample Applicant/Industry Certification**  
*(Name of Applicant/Industry Here)*

*(Name of applicant/industry)* hereby certifies to the Commonwealth of Virginia that the Applicant will provide the Right-of-Way for and assume liability of any railroad tracks and associated facilities, financed by the Railroad Industrial Access Fund, that are built on its *(name of City, County, or Town)* plant site and subsequent operations. This includes any claims or attempts to hold liable the Commonwealth of Virginia, for any matter concerning the tracks, as a result of the Commonwealth's Ownership Interest in the tracks.

Also, *(Name of applicant/industry)* agrees to assume sole responsibility for the continuous maintenance of tracks financed by the Railroad Industrial Access Fund.

\_\_\_\_\_  
Signature


\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

**ATTACHMENT 5**

**VIRGINIA SUBSTITUTE W-9 AND QUESTIONNAIRE**

Form <b>W-9</b> Commonwealth of Virginia Substitute W-9 Form Revised July 2014	<h2 style="margin:0;">Request for Taxpayer Identification Number and Certification</h2>		
Section 1 - Taxpayer Identification	<input type="checkbox"/> Social Security Number (SSN)  <input type="checkbox"/> Employer Identification Number (EIN)  _____	Please select the appropriate Taxpayer Identification Number (EIN or SSN) type and enter your 9 digit ID number . The EIN or SSN provided must match the name given on the "Legal Name" line to avoid backup withholding. If you do not have a Tax ID number, please reference "Specific Instructions - Section 1." If the account is in more than one name, provide the name of the individual who is recognized with the IRS as the responsible party.	
	Dunn & Bradstreet Universal Numbering System (DUNS) (see instructions)  _____	Legal Name: _____  Business Name: _____	
	<b>Entity Type</b>	<b>Entity Classification</b>	<b>Exemptions (see instructions)</b>
	<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> S-Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> C-Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Disregarded Entity <input type="checkbox"/> Estate <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Government <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit <input type="checkbox"/> Corporation	<input type="checkbox"/> Professional Services <input type="checkbox"/> Medical Services <input type="checkbox"/> Political Subdivision <input type="checkbox"/> Legal Services <input type="checkbox"/> Real Estate Agent <input type="checkbox"/> Joint Venture <input type="checkbox"/> VA Local Government <input type="checkbox"/> Tax Exempt Organization <input type="checkbox"/> Federal Government <input type="checkbox"/> OTH Government <input type="checkbox"/> VA State Agency <input type="checkbox"/> Other	Exempt payee code (if any): (from backup withholding) _____  Exemption from FATCA reporting code (if any): _____
	<b>Contact Information</b>		
	Legal Address:  City:                      State :                      Zip Code:	Name: _____ Email Address: _____ Business Phone: _____	
Remittance Address:  City:                      State :                      Zip Code:	Fax Number: _____ Mobile Phone: _____ Alternate Phone: _____		
Section 2 - Certification	Under penalties of perjury, I certify that: 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or c) the IRS has notified me that I am no longer subject to backup withholding, and 3. I am a U.S. citizen or other U.S. person (defined later in general instructions), and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.		
	Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See instructions titled Certification		
Printed Name: _____	Authorized U.S. Signature: _____	Date: _____	

**ATTACHMENT 5 (CONTINUED)**

**VENDOR QUESTIONNAIRE**  
**TO BE FILED WITH Virginia Substitute W-9**

The below information is used for internal report classifications by DRPT Staff.  
Please check all items below that you know apply to your organization.  
Please use a question mark for items that may apply but for which you are not sure.

- Small Business – Registered with Virginia
- Woman Owned Business – Registered with Virginia
- Minority Owned Business – Registered with Virginia
- DRPT Grant Recipient
- Human Services Transportation Provider
- Disadvantaged Business Enterprises (DBE) – Federal Registration
- MPO or PDC
- Rail
- Rideshare Provider
- Public Transportation Provider
- Consultant



## ATTACHMENT 6

### RAILROAD SUPPORT LETTER

*Date*

Linda Balderson  
Rail Preservation and Access Programs Manager  
Virginia Department of Rail and Public Transportation  
600 E. Main Street, Suite 2102  
Richmond, Virginia 23219

Dear Ms. Balderson:

*Applicant or its nominee* will apply for Industrial Access Railroad Track Funds for the construction of *insert spur or siding* at their *expanding/proposed* facility in *City/County*, Virginia. A preliminary design has been discussed, and when the final drawings are submitted and approved by *insert railroad*, a sidetrack agreement between *the applicant* and *the railroad* will be executed.

*The railroad* is aware of the provision of the Code of Virginia, Section 33.2-1600.F which provides for common carrier access of tracks constructed or rehabilitated with Industrial Access Railroad Funds. Currently, *the railroad* will be the only railroad connecting with the track to serve *the applicant*. However, it is understood that if, in the future, another common carrier constructs trackage to connect with the sidetrack or obtains trackage rights over *the railroads* mainline tracks that would enable it to provide service to *the applicant's* facility, it will have access to and be entitled to use the access tracks.

*The railroad* recommends the use of Industrial Access Railroad funds for the construction of the access tracks to serve *the applicant's* facility. The railroad will serve *the applicant* on this access track once the site plan is approved, constructed, inspected, and a sidetrack agreement is duly executed.

Sincerely,

**ATTACHMENT 7**

**APPLICANT BACKGROUND INFORMATION**

**Insert a narrative here of background information on the applicant business.**

**ATTACHMENT 8**

**BUSINESS PLAN**

**Insert the Business Plan for new or “start-up” businesses.**