

**APPLICATION FOR EXTENSION OF TIME TO COMPLETE ORDERED WORK
ISSUED BY THE MICHIGAN DEPARTMENT OF TRANSPORTATION
OFFICE OF RAIL, RAIL SAFETY SECTION**

DATE: _____

CROSSING IDENTIFICATION
(INFORMATION BELOW CAN BE OBTAINED FROM ORDER.)

ROAD NAME	ROAD AUTHORITY
USDOT NATIONAL INVENTORY NUMBER	RAILROAD
STATE RR NUMBER	ORDER DUE DATE(S)

PURPOSE OF DIAGNOSTIC STUDY TEAM REVIEW MEETING:

- | | | |
|---|---|---|
| <input type="checkbox"/> NEW ROADWAY CROSSING | <input type="checkbox"/> NEW TRAIL CROSSING | <input type="checkbox"/> SAFETY CONCERN |
| <input type="checkbox"/> ROUGH CROSSING SURFACE | <input type="checkbox"/> MDOT PRIORITY | <input type="checkbox"/> ROAD PROJECT |

WHY ORDERED DUE DATE(S) WILL NOT BE MET:

PLEASE CHECK ALL ITEMS THAT HAVE BEEN ACCOMPLISHED TO MEET THE ORDER DUE DATE AND/OR PROVIDE ADDITIONAL NARRATIVE.

YES	NO	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ALL PERMITS HAVE BEEN OBTAINED.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FINALIZED PLANS.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FINAL ESTIMATE SUBMITTED TO MDOT.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FUNDING APPLICATION SUBMITTED TO MDOT.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FUNDING SECURED.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IF APPLICABLE, RAILROAD/ROAD AUTHORITY HAS BEEN MADE AWARE OF ALL PERTINENT INFORMATION/ REQUIREMENTS (PERMITS, TIME FRAMES, ETC.).
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LAND ACQUISITION COMPLETED.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MATERIALS AVAILABLE.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MATERIALS ORDERED.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PROPOSED COMPLETION DATE: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PROPOSED START DATE: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	UTILITIES HAVE BEEN RELOCATED.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OTHER: _____

CONTACT INFORMATION

NAME / TITLE	PHONE NUMBER	FAX NUMBER	
ORGANIZATION	E-MAIL ADDRESS		
ADDRESS	CITY	STATE	ZIP CODE

The Department will review your request and inform you of the outcome. Consideration will be given to other parties that may have ordered work to complete that is contingent upon the completion of your work.

Please complete all sections and email to: MDOT-RailCompliance@Michigan.gov or mail to: MDOT Rail Safety, 425 W. Ottawa, Lansing, MI 48909.

COMPLETED BY MDOT OFFICE OF RAIL

EXTENSION REQUEST: <input type="checkbox"/> Approved <input type="checkbox"/> Denied			Comments: _____
NAME	SIGNATURE	DATE	