Dimensional Request Form

THIS INFORMATION IS NEEDED BY THE CLEARANCE DEPT. TO AUTHORIZE DIMENSIONAL LOADS

COMPANY: _____ DATE: _____

NAME: _____ PHONE: _____ EMAIL: _____

SHIPMENT:

- ☐ GENERATOR
- ☐ TRANSFORMER
- ☐ TURBINE
- ☐ MACHINERY
- ☐ OTHER

TYPE OF SHIPMENT:

- ☐ CYLINDER
- ☐ RECTANGULAR
- ☐ OVAL
- ☐ OTHER

ORIGIN: _____ ROUTE: _____

DESTINATION: _____ SHIPMENT DATE: _____

CONSIGNEE: _____ ADDITIONAL INFORMATION:

CAR TYPE:

- ☐ 4 AXLE
- ☐ 6 AXLE
- ☐ 8 AXLE
- ☐ 12 AXLE
- ☐ 16 AXLE
- ☐ 20 AXLE
- ☐ OTHER

CAR NUMBERS _____

IF POSSIBLE, PLEASE INCLUDE DRAWINGS

CAR TYPE:

- ☐ GENERAL SERVICE FLATCAR
- ☐ DEPRESSED DECK FLATCAR
- ☐ OTHER

LENGTH ft _____ in _____

CCOG ft _____ in _____

SHIPMENT WEIGHT (LBS) _____

SHIPMENT DIMENSIONS:

1st Height	ft	in	WIDTH AT THIS HEIGHT	ft	in		
2nd Height	ft	in	WIDTH AT THIS HEIGHT	ft	in		
3rd Height	ft	in	WIDTH AT THIS HEIGHT	ft	in		
4th Height	ft	in	WIDTH AT THIS HEIGHT	ft	in		
5th Height	ft	in	WIDTH AT THIS HEIGHT	ft	in		
6th Height	ft	in	WIDTH AT THIS HEIGHT	ft	in		
7th Height	ft	in	WIDTH AT THIS HEIGHT	ft	in		
8th Height	ft	in	WIDTH AT THIS HEIGHT	ft	in		
9th Height	ft	in	WIDTH AT THIS HEIGHT	ft	in		
10th Height	ft	in	WIDTH AT THIS HEIGHT	ft	in		
11th Height	ft	in	WIDTH AT THIS HEIGHT	ft	in		

Emails:

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