

# WE Dimensional Load Clearance File Request Form

(Subject to charges per WE 40815 Series) | Send completed form to [kjoseph@wlerwy.com](mailto:kjoseph@wlerwy.com)

## Contact Information – Requestor

REQUESTOR NAME	PHONE NUMBER	
COMPANY NAME	FAX NUMBER	
STREET ADDRESS	EMAIL ADDRESS	
CITY/PROVINCE	STATE	ZIP CODE

## Rail Origin

SHIPPER	
STREET ADDRESS	
CITY/PROVINCE	
STATE	ZIP CODE
TRACK NUMBER	

## Rail Destination

CONSIGNEE	
STREET ADDRESS	
CITY/PROVINCE	
STATE	ZIP CODE
TRACK NUMBER	

## Product Information

PRODUCT DESCRIPTION* (vessel, earth mover, transformer, etc.)	GENERAL SHAPE					
PROPOSED SHIP DATE (MM/DD/YY)	ON THE GROUND DIMENSIONS* (including protrusions)					
MANUFACTURER	OVERALL LENGTH		OVERALL WIDTH		OVERALL HEIGHT	
	FT.	IN.	FT.	IN.	FT.	IN.
MANUFACTURER'S LOCATION	WEIGHT (LBS.)		VERTICAL CENTER OF GRAVITY (INCHES)			
REQUESTED CAR TYPE	WEIGHT OF BALLAST (LBS.)					

\* If your shipment width is greater than 12', or is a vessel, with various protrusions, and loaded on saddles or bolsters, please provide a detailed shipping diagram with your clearance request.

OTHER COMMENTS
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By submitting this request, I accept the charges for preparing this pre-clearance file, as per tariff WE 40815, Item 5.

SIGNATURE	COMPANY	DATE (MM/DD/YY)
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REFERENCE NUMBER (To be completed by the WE)
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Additional dimensional information can be provided on the next page.

