



APPLICATION FOR DESIGNATION  
OF ADDITIONAL CRTS ROUTES  
IN THE FOLLOWING 10 COUNTIES ONLY:  
BOONE, FAYETTE, LINCOLN, LOGAN,  
McDOWELL, MERCER, MINGO, RALEIGH,  
WAYNE, AND WYOMING.

APPLICANT INFORMATION

Name of Company: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

PROPOSED COAL ROUTE INFORMATION

Origination and destination of coal haulers: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Location of route(s) (counties): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Route Number(s) and mile points (US, WV, or CR): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approximate miles of road requested: \_\_\_\_\_

\*When requesting the addition of a section of a State road and not the entire route, identify any end points by reference to the nearest State road intersection. (i.e. The mine entrance is located on US 1 and is 0.4 mile from the intersection of CR 99 and US 1.)

\*Attach map hi-lighting proposed hauling routes and indicate locations of significant points (i.e. mines, preparation plants, etc.)

Mine(s) Served by Route(s): \_\_\_\_\_

Approximate Number of Residences on Route(s): \_\_\_\_\_

Approximate Number of Businesses on Route(s): \_\_\_\_\_

Name of School/Church/Public Facilities along Route(s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Daily Tonnage: \_\_\_\_\_

Anticipated Daily Tonnage: \_\_\_\_\_

## COAL TRUCK INFORMATION

TYPE OF VEHICLE	*NO. OF VEHICLES	*NO. OF TRIPS/SHIFT	*NO. OF SHIFTS
SU-40 (3-axle truck) _____	_____	_____	_____
SU-45 (4-axle truck) _____	_____	_____	_____
3S-55 (5-axle semi-trailer) _____	_____	_____	_____
3S-60 (6-axle+ semi-trailer) _____	_____	_____	_____
_____	_____	_____	_____

\*Estimates based on the assumption that route(s) are added to CRTS.

Would your company consider funding any necessary repairs on the route(s):        Yes        No

A public meeting may be held by the DOH and a knowledgeable representative of the applicant should attend this meeting to answer questions. Will you agree to this?    Yes        No

Signature of Authorized Representative:

\_\_\_\_\_

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

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

A check in the amount of \$5000 made payable to the WV Division of Highways to cover expenses related to the evaluation/review process. By submission of this application, applicant also agrees to provide additional funds as needed should the cost incurred by the evaluation/review process exceed the initial \$5000.