# Request for ElectrologIXS XP4 Level Crossing IDs

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| Corridor: |       |
| Job Number: |       | Project Name: |       |
| Commissioning Date (Proposed): |       |
| Remarks: |  |
|       |
| *THIS FORM MUST BE SUBMITTED BY THE SIGNAL DESIGN AUTHORITY AT THE COMMENCEMENT OF DATA DESIGN.**Note: Identify all locations that an XP4 is to be installed. The Chassis ID, Application ID & Location Number shall be allocated and returned to the Requestor.* ***Submit form to Standards@artc.com.au*** |
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| XP4 Address Details | *ARTC Office Use Only* |
| Location (Area/ Interlocking) |       | *Chassis ID #* | *Application ID #* | *Location Number* |
| Location (Road Name) |       |       |       |       |
| Location (km) |       |
| Circuit Book Number |       |
|  |
| XP4 Address Details | *ARTC Office Use Only* |
| Location (Area/ Interlocking) |       | *Chassis ID #* | *Application ID #* | *Location Number* |
| Location (Road Name) |       |       |       |       |
| Location (km) |       |
| Circuit Book Number |       |
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| **Request By** *(To be signed by the nominated Signal Design Authority)* |
| I request XP4 IDs for the above detailed signal works. All work will be performed in accordance with ARTC standards. |
| Name: |       | Signed: |  | Company: |       |
| RIW ID:  |       | Date: |       | Telephone: |       |
|  |
| **Authorised By** *(ARTC Signal Standards Division)* |
| Name: |       | Signed: |  | Date: |       |