



# Private Car Movement Request

|                |                                       |                              |   |
|----------------|---------------------------------------|------------------------------|---|
| Date<br>/ /    | Name of Private Car Owner or Designee | Telephone Number<br>- -      | Cell Phone Number<br>- -                  |
| Street Address |                                       | Car Cell Phone Number<br>- - | Person in Charge Cell Phone Number<br>- - |
| City           | State                                 | Zip Code                     | E-Mail                                    |

|       | Amtrak Car No. | Car Name | Person in Charge of Car | UMLER No. | Brake System |
|-------|----------------|----------|-------------------------|-----------|--------------|
| Car A |                |          |                         |           |              |
| Car B |                |          |                         |           |              |
| Car C |                |          |                         |           |              |
| Car D |                |          |                         |           |              |

### Itinerary

| Car(s) Position | Train | Date | Origin Code | Dest. Code | Location Board/Detrain | Parking/Layover          |                          |                          |                |
|-----------------|-------|------|-------------|------------|------------------------|--------------------------|--------------------------|--------------------------|----------------|
|                 |       |      |             |            |                        | Dead                     | Pwr                      | Occ                      | Other Services |
|                 |       | / /  |             |            |                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                |
|                 |       | / /  |             |            |                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                |
|                 |       | / /  |             |            |                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                |
|                 |       | / /  |             |            |                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                |
|                 |       | / /  |             |            |                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                |
|                 |       | / /  |             |            |                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                |
|                 |       | / /  |             |            |                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                |
|                 |       | / /  |             |            |                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                |
|                 |       | / /  |             |            |                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                |
|                 |       | / /  |             |            |                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                |

Indicate whether any passengers on this private car move have paid for this travel. Yes  No

### Other Information

### Car(s) Current Location/Final Disposition

My signature below indicates that I wish to move my privately owned railcar on the Amtrak train(s) shown above. I understand that this movement request, if accepted, will be governed by the applicable provisions of the "Conditions for Movement of Privately-Owned Railroad Cars on Amtrak" effective October 1, 2023, including all amendments.

|              |           |           |
|--------------|-----------|-----------|
| Printed Name | Signature | Date: / / |
|--------------|-----------|-----------|

**Submit Completed Form to:** Amtrak Special Movements  
 CNOC  
 15 South Poplar Street  
 Wilmington, DE 19801

**FAX:** 302-683-2121  
**TEL:** 302-683-2443  
**E-Mail:** [SpecialMoves@amtrak.com](mailto:SpecialMoves@amtrak.com)