



# Auckland Track Access Request (TAR)

Auckland Metro to Whangarei

Protection Planner Contact  
[Auckland.access@kiwirail.co.nz](mailto:Auckland.access@kiwirail.co.nz)

Please submit this request to [Auckland.access@kiwirail.co.nz](mailto:Auckland.access@kiwirail.co.nz) & [Auckland.isolations@kiwirail.co.nz](mailto:Auckland.isolations@kiwirail.co.nz) along with all relevant documentation.

**Please allow two weeks notice for your access requests**

Permit to Enter #	
Reference / SWO#	
PO#	

Name of Person Submitting this request		Contact Number	
Organisation undertaking the works		KiwiRail Sponsor	
Brief description of requested works			

### Detail Network Authorities

Requested date for works to commence:		Planned finish date:			
Requested start time:		Finish Time:			
Which line are the works taking place on?	NIMT <input type="checkbox"/>	NAL <input type="checkbox"/>	MNK <input type="checkbox"/>	ONE <input type="checkbox"/>	NEW <input type="checkbox"/>
	UP <input type="checkbox"/> DN <input type="checkbox"/>	UP <input type="checkbox"/> DN <input type="checkbox"/>	UP <input type="checkbox"/> DN <input type="checkbox"/>	Single <input type="checkbox"/>	UP <input type="checkbox"/> DN <input type="checkbox"/>
Other (Sidings, Loops etc):					
Request for Line Impassable (Must give at least 25 days notice). Please clarify the location and reason.					
Start KM Limit (if known)		End KM Limit (if known)			
Please use signals when identifying a location within Station Limits					
Start Location (ie. Station, signal, traction post)		End Location			

### Protection / Coordination

Do you require the services of :	Protection <input type="checkbox"/> Form 1	Signals <input type="checkbox"/> Form 3	Isolations <input type="checkbox"/> Form 8	S&I Diagrams <input type="checkbox"/>
Are you providing your own qualified Rail Protection Officer?	No <input type="checkbox"/> Yes <input type="checkbox"/> (Please supply a completed Form 1)			
Protection Methodology Being used :	Rule 917 (ITD) <input type="checkbox"/> <small>Please attach methodology</small>	Blocking <input type="checkbox"/>	CSP Boards <input type="checkbox"/>	BOL <input checked="" type="checkbox"/>
	Yard/ Rule 909 <input type="checkbox"/> <small>Please attach methodology</small>	Lock out <input type="checkbox"/>	Working Clear <input type="checkbox"/> <small>Must be &gt; 4m clear from track centre. Please attach methodology</small>	Track Warrant <input type="checkbox"/>
Other:				
Will you be using any Plant or Machinery?	No <input type="checkbox"/>	Hi Rail <input type="checkbox"/>	Hiab/Crane <input type="checkbox"/>	Rubber Tracked vehicle <input type="checkbox"/>
Other:				

At what location will you be entering the Rail Corridor?

Work EF201 holder Name:		Contact Number:	
Work Party Names:		KiwiRail ID Or competency Number:	

### Conditions

By submitting this form you are acknowledging that **all personnel** included in the works detailed within this document, and who will be entering the rail corridor, have attended KiwiRail Track Induction and AC Awareness Courses.

#### AUCKLAND PLANNING TEAM USE ONLY

Access Given	YES - NO	Updated on Interface Planning Calendar: YES - NO	Week Number :
Updated on Interface Planning Tracker: YES - NO		Week Number :	Date Received: