U.S. Department of Transportation
Pipeline and Hazardous Materials Safety Administration

|   |                                  |                     |                     |               |                                 | fety Administration |                        |  |  |  |  |  |  |  |
|---|----------------------------------|---------------------|---------------------|---------------|---------------------------------|---------------------|------------------------|--|--|--|--|--|--|--|
| Hazardous Materials Registration Statement (Please type or print all responses)   |                                  |                     |                     |               |                                 |                     |                        |  |  |  |  |  |  |  |
| 1. Ty <sub>l</sub>  | pe of R                          | egistration         |                     |               |                                 |                     |                        |  |  |  |  |  |  |  |
|   |                                  | Initial             | Registration        | Renewal       | of Registrat                    | ion 🗌 Amer          | ndment to Registration |  |  |  |  |  |  |  |
|   | Current Registration #           |                     |                     |               |                                 |                     |                        |  |  |  |  |  |  |  |
| 2. Re   | gistran                          | nt                  |                     |               | (Company N                      | ame)                |                        |  |  |  |  |  |  |  |
| 3. Mc   | ailing A                         | Address of Prin     | ncipal Place of     | Business      | Physical Address (if different) |                     |                        |  |  |  |  |  |  |  |
| Stre  | eet                              |                     |                     |               | Street                          |                     |                        |  |  |  |  |  |  |  |
| City  | ityCounty                        |                     |                     |               | City                            |                     | County                 |  |  |  |  |  |  |  |
| Stat  | te                               | Zip Code            | Country             |               | State                           | Zip Code            | Country                |  |  |  |  |  |  |  |
| 4. Re   | gistran                          | it's USDOT Nui      | mber, MC/MX         | Number, o     | r Railroad                      | Alphabetic Co       | de (if applicable)     |  |  |  |  |  |  |  |
| US  | DOT#                             |                     | N                   | MC/MX #       | Railroad Alphabetic Code        |                     |                        |  |  |  |  |  |  |  |
| 5. Mc   | ode(s) l                         | Used to Transp      | ort Hazardou        | ıs Materials  | High                            | way Rail            | Water Air              |  |  |  |  |  |  |  |
| 6. Business Category (determined by answering a through c below)  |                                  |                     |                     |               |                                 |                     |                        |  |  |  |  |  |  |  |
| a) North American Industry Classification System (NAICS) Code for Primary Business Activity  b) Using SBA size standard for the NAICS Code entered above (mark one)   |                                  |                     |                     |               |                                 |                     |                        |  |  |  |  |  |  |  |
|   | Small Business as defined by SBA |                     |                     |               |                                 |                     |                        |  |  |  |  |  |  |  |
| c   | ) Not-for                        | -Profit Organizatio | on under 26 U.S.C   | 501(a)        |                                 | Yes                 | No                     |  |  |  |  |  |  |  |
| 7. Re   | gistrati                         | ion Period          | From                | July 1, 20_   | , To                            | June 30, 20         |                        |  |  |  |  |  |  |  |
| 8. Re   | gistrati                         | ion Fees            |                     |               |                                 |                     |                        |  |  |  |  |  |  |  |
| S   | ee Table                         | of Fees on page 7   | '. All fees include |               |                                 |                     |                        |  |  |  |  |  |  |  |
| Total Amount Due for this RegistrationPlease make check or money order in U.S. funds, drawn on a U.S. bank, payable to "U.S. Department of Transportation," and identified as payment of the "Hazmat Registration Fee." |                                  |                     |                     |               |                                 |                     |                        |  |  |  |  |  |  |  |
| c   | redit a                          | ınd debit cards     | s are accepted      | d online only | <b>y.</b>                       |                     |                        |  |  |  |  |  |  |  |
|   |                                  |                     |                     |               |                                 |                     |                        |  |  |  |  |  |  |  |
|   |                                  |                     |                     |               |                                 |                     |                        |  |  |  |  |  |  |  |
|   |                                  |                     |                     |               |                                 |                     |                        |  |  |  |  |  |  |  |
|   |                                  |                     |                     |               |                                 |                     |                        |  |  |  |  |  |  |  |
|   |                                  |                     |                     |               |                                 |                     |                        |  |  |  |  |  |  |  |
| I   | lf you r                         | need further a      | ssistance, ple      | ase call 1-80 | 00-942-69                       | 990.                |                        |  |  |  |  |  |  |  |

**9. Prior-Year Survey Information.** Mark all categories and activities engaged in during the previous calendar year (e.g., 2014 for the 2015-2016 Registration Year) and the state(s) in which you operated (see instructions).

|              |               |  |        |         |         |         |       |   |           |           |                                   | Mark all that apply "X" |        |        |        |        |        |        |        |           |
|--------------|---------------|--|--------|---------|---------|---------|-------|---|-----------|-----------|-----------------------------------|-------------------------|--------|--------|--------|--------|--------|--------|--------|-----------|
| Cate         | gory          | <b>Activity</b> Offered or transported in commerce;  |        |         |         |         |       |   | Sh        | ipper     | Ca                                | rrier                   | For    |        |        |        |        |        |        |           |
| Α            |               | a highway route controlled quantity of a Class 7 (radioactive)   |        |         |         |         |       |   |           |           |                                   |                         |        |        | •••    |        |        |        | •      |           |
|              | $\overline{}$ | material. more than 25 kilograms (55 pounds) of a Division 1.1, 1.2, or 1.3  |        |         |         |         |       |   |           |           |                                   |                         |        |        |        |        |        |        |        |           |
| В            | Ш             | (exp   | losive | ) mate  | rial in | a mo    | tor \ | ehicle/                                 | e, rail o | car, o    | r freig                           | ht cor                  | ntain  |        |        |        |        |        |        |           |
|              |               |  |        |         |         |         |       | er pac                                  |           |           |                                   |                         |        |        |        |        |        |        |        |           |
| C            | _             |  |        |         |         |         |       | oisono                                  |           | inhal     | ation                             | that n                  | neet   | one    |        |        |        |        |        |           |
|              |               |  |        |         |         |         |       | d Zon                                   |           | wacto     | oc) in a                          | hulk                    |        |        |        |        |        |        |        |           |
|              | _             | a hazardous material (including hazardous wastes) in a bulk packaging (see 49 CFR 171.8) having a capacity equal to or greater |        |         |         |         |       |   |           |           |                                   |                         |        |        |        |        |        |        |        |           |
| D            | Ш             | than 13,248 liters (3,500 gallons) for liquids or gases or more than   |        |         |         |         |       |   |           |           |                                   |                         |        |        |        |        |        |        |        |           |
|              |               |  |        |         |         |         |       | eet) fo                                 |           |           |                                   |                         |        |        |        |        |        |        |        |           |
|              |               |  |        |         |         |         |       | packa                                   |           |           |                                   |                         |        |        |        |        |        |        |        |           |
| E            |               |  |        |         |         |         |       | more                                    |           |           |                                   |                         |        |        |        |        |        |        |        |           |
| [ [          |               |  |        |         |         |         |       | vastes)                                 |           |           | placa                             | ding                    | of a   |        |        |        |        |        |        |           |
|              |               |  |        |         |         |         |       | iner is                                 |           |           |                                   |                         |        |        |        |        |        |        |        |           |
|              |               |  |        |         |         |         |       | ardous                                  |           |           |                                   |                         |        | ous    |        |        |        |        |        |           |
| F            |               |  |        |         |         |         |       | g of the<br>sport                       |           |           |                                   |                         |        | 'n     |        |        |        |        |        |           |
|              |               |  |        |         |         |         |       | bove.                                   |           |           |                                   |                         |        |        |        |        |        |        |        |           |
|              |               |  |        |         |         |         |       | CFR 10                                  |           |           | , c                               | ca b                    | y iai. |        |        |        |        |        |        |           |
|              | $\overline{}$ |  |        |         |         |         |       |   |           |           |                                   |                         |        |        |        |        |        |        | ,      |           |
| G            | Ш             | Didi   | not er | igage   | ın an   | y of ti | ne a  | ctivitie                                | es liste  | ed in     | A thro                            | ough                    | F dur  | ing t  | he pr  | eviou  | s cale | ndar   | year.  |           |
| Select       | State         | s in w   | hich a | ny of   | the a   | hove    | wer   | ena:                                    | naed i    | n du      | rina th                           | ne nas                  | st cal | enda   | r veai | (500   | instrı | ıctior | ıs)    |           |
| Jeieet       | Juic.         | J 111 VV   |        | , 0.    | ti ic u | 5010    |       | c crigo                                 | .gcu .    | · · · · · | 9                                 | ic pu                   | or ca. | criaa  | . yeu. | (300   |        |        | .5,.   |           |
| AL           | AR            | ΑZ   | CA     |         |         |         |       |   |           | IL        | IN                                |                         |        |        | LA     |        | MD     |        |        |           |
| MO           | MS            |  | NC     |         |         |         |       | NM                                      |           |           |                                   |                         |        |        |        |        | SD     |        | TX     | UT        |
|              | VT            | VA   | WA     | WV      | WI      | WY      |       | 48 Co                                   | ntiguo    | us Sta    | tes                               | ΑK                      | AS     | DC     | GU     | HI     | MP     | PR     | VI     |           |
| ). Certif    | ficati        | on o   | f Inf  | ormo    | ıtion   | . I ce  | rtifv | that. t                                 | o the     | best      | of my                             | knov                    | vledo  | ae. th | e abo  | ove in | forma  | ation  | is tru | e. accura |
| and co       |               |  |        |         |         |         | ,     | ,                                       |           |           | ,                                 |                         |        | , -,   |        |        |        |        |        | -,        |
|              |               |  |        |         |         |         |       |   |           |           |                                   |                         |        |        |        |        |        |        |        |           |
| ertifier's N | tifier's Name |  |        |         |         |         |       |   |           |           |                                   | _ Pho                   | one (  |        | _)     |        |        |        |        |           |
|              |               |  |        |         |         | (Print  | clea  | rly)                                    |           |           |                                   |                         |        |        |        |        |        |        |        |           |
| mail         |               |  |        |         |         |         |       |   |           |           |                                   |                         |        |        |        |        |        |        |        |           |
|              |               |  |        |         |         |         |       |   |           |           |                                   |                         |        |        |        |        |        |        |        |           |
| ertifier's S | ignati        | ure  |        |         |         |         |       |   |           |           |                                   |                         | _ Da   | te     |        |        |        |        |        |           |
|              |               |  |        | FAI SI  | F STA   | TFMF    | NTS   | MAY \                                   | /IOI A    | TF FF     | DFRA                              | LIAV                    | V (18  | บรด    | 100    | 1)     |        |        |        |           |
|              |               |  |        | . , (L) | _ 51/1  |         |       | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |           |           |                                   |                         |        |        |        |        |        |        |        |           |
|              |               |  |        |         |         |         |       |   |           |           | U.S. Department of Transportation |                         |        |        |        |        |        |        |        |           |

MAIL COMPLETED FORM WITH PAYMENT TO:

U.S. Department of Transportation Hazardous Materials Registration PO Box 530273 Atlanta, GA 30353-0273

Please retain a copy of this form for your records.

## **Notice to Customers Making Payment by Check**

If you send us a check, it will be converted into an electronic funds transfer (EFT). This means we will copy your check and use the account information on it to electronically debit your account for the amount of the check. The debit from your account will usually occur within 24 hours, and will be shown on your regular account statement.

You will not receive your original check back. We will destroy your original check, but we will keep the copy of it. If the EFT cannot be processed for technical reasons, you authorize us to process the copy in place of your original check. If the EFT cannot be completed because of insufficient funds, we may try to make the transfer up to 2 times.