

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

# Hazardous Materials Registration Statement

Mail Completed Form  
and Payment to:

PHMSA Hazmat Registration  
P.O. Box 6200-01  
Portland, OR 97228-6200

*For faster processing, please use the on-line registration portal at <https://portal.phmsa.dot.gov>*

## 1. Type of Registration

- Initial Registration                       Renewal of Registration  
Current Registration Number:

## 2. Name of Company to be Registered:

### 3. Mailing Address of Principal Place of Business

Street:

City:

State:

Zip Code:

Country:

### Physical Address (if different from mailing address)

Street:

City:

State:

Zip Code:

Country:

## 4. Current USDOT Number, MC/MX Number, or Railroad Alphabetic Code (if applicable)

USDOT Number:

MC/MX Number:

Railroad Alphabetic Code:

## 5. Mode(s) used to transport Hazardous Materials:    Air                      Highway                      Rail                      Water

## 6. Business Category

- North American Industry Classification System (NAICS) Code for Primary Business Activity:  
Small Business Association (SBA) size standard for the NAICS Code entered above (select one)
- Small Business as defined by SBA                       Not a Small Business
- Not-For-Profit Organization specified in 26 U.S.C. 501(a)

## 7. Registration Period: July 1,                      to June 30,

*Registrations are valid for 1-year, 2-year, or 3-year periods beginning on July 1st and ending on June 30th each year.*

## 8. Registration Fees Due for this Registration: \$

*Refer to the Table of Fees on page 11 in the brochure or on-line at <https://www.phmsa.dot.gov/registration/registration-overview>. Credit and debit cards are only accepted via on-line submission from the registration portal. If submitting payment via paper form, please attach a 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 for the "Hazmat Registration Fee." Check payments will be processed from your account within 14 days of receipt. If there are any errors processing the payment or the information entered on this form, then delays may occur. If you need further assistance, please call (202) 934-1630 for businesses beginning with the letters A-M, or call (202) 934-1631 for businesses beginning with the letters N-Z, or e-mail [Register@dot.gov](mailto:Register@dot.gov).*

### 9. Prior-Year Survey Information

If registered during the previous calendar year (e.g., 2019 for the 2020-2021 registration year), then mark all categories of activities engaged in, and mark all States and/or Territories in which those activities occurred.

Category	Prior-Year Activity	Mark all that apply		
		Shipper	Carrier	(Freight Forwarder, Agent, etc.) Other
<b>A</b> <input type="checkbox"/>	a highway route controlled quantity of a Class 7 (radioactive) material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>B</b> <input type="checkbox"/>	more than 25 kilograms (55 pounds) of a Division 1.1, 1.2, or 1.3 (explosive) material in a motor vehicle, rail car, or freight container	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>C</b> <input type="checkbox"/>	more than 1 liter (1.06 quarts) per package of a material extremely toxic by inhalation (materials poisonous by inhalation that meet one of the defining criteria for Hazard Zone A)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>D</b> <input type="checkbox"/>	a hazardous material (including hazardous wastes) in a bulk packaging (see 49 CFR 171.8) having a capacity equal to or greater than 13,248 liters (3,500 gallons) for liquids or gases, or more than 13.24 cubic meters (468 cubic feet) for solids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E</b> <input type="checkbox"/>	a shipment other than a bulk packaging of 2,268 kilograms (5,000 pounds) gross weight or more of one class of a hazardous material (including hazardous wastes) for which placarding of a vehicle, rail car, or freight container is required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>F</b> <input type="checkbox"/>	a shipment containing a quantity of hazardous materials (including hazardous wastes) that requires placarding of the bulk packaging, freight container, unit load device, transport vehicle, or rail car, other than those specified in A through E above.  Activities performed by farmers are generally excepted See 49 CFR 107.601(b)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Did not engage in any of the activities listed above during the previous calendar year.				

<input type="checkbox"/> AK	<input type="checkbox"/> AL	<input type="checkbox"/> AR	<input type="checkbox"/> AZ	<input type="checkbox"/> CA	<input type="checkbox"/> CO	<input type="checkbox"/> CT	<input type="checkbox"/> DE	<input type="checkbox"/> FL	<input type="checkbox"/> GA
<input type="checkbox"/> HI	<input type="checkbox"/> IA	<input type="checkbox"/> ID	<input type="checkbox"/> IL	<input type="checkbox"/> IN	<input type="checkbox"/> KS	<input type="checkbox"/> KY	<input type="checkbox"/> LA	<input type="checkbox"/> MA	<input type="checkbox"/> MD
<input type="checkbox"/> ME	<input type="checkbox"/> MI	<input type="checkbox"/> MN	<input type="checkbox"/> MO	<input type="checkbox"/> MS	<input type="checkbox"/> MT	<input type="checkbox"/> NC	<input type="checkbox"/> ND	<input type="checkbox"/> NE	<input type="checkbox"/> NH
<input type="checkbox"/> NJ	<input type="checkbox"/> NM	<input type="checkbox"/> NV	<input type="checkbox"/> NY	<input type="checkbox"/> OH	<input type="checkbox"/> OK	<input type="checkbox"/> OR	<input type="checkbox"/> PA	<input type="checkbox"/> RI	<input type="checkbox"/> SC
<input type="checkbox"/> SD	<input type="checkbox"/> TN	<input type="checkbox"/> TX	<input type="checkbox"/> UT	<input type="checkbox"/> VT	<input type="checkbox"/> VA	<input type="checkbox"/> WA	<input type="checkbox"/> WI	<input type="checkbox"/> WV	<input type="checkbox"/> WY
		<input type="checkbox"/> AS	<input type="checkbox"/> DC	<input type="checkbox"/> GU	<input type="checkbox"/> MP	<input type="checkbox"/> PR	<input type="checkbox"/> VI		

Engaged in the above activities in all 48 contiguous states only during the previous calendar year.

### 10. Certification of Information

"I certify, to the best of my knowledge, that the above information is true, accurate, and complete."  
*(False statements may violate federal law, 18 U.S.C. 1001)*

Certifier's Name:

Phone Number:

E-mail:

Fax Number:

Signature:

Date: