

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

(Please type or print all responses)

**1. Type of Registration**

Initial Registration       Renewal of Registration       Amendment to Registration

Current Registration #

**2. Registrant**

\_\_\_\_\_ (Company Name)

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

**Physical Address** (if different)

Street \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ City \_\_\_\_\_ County \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

**4. Registrant's USDOT Number, MC/MX Number, or Railroad Alphabetic Code (if applicable)**

USDOT# \_\_\_\_\_ MC/MX # \_\_\_\_\_ Railroad Alphabetic Code \_\_\_\_\_

**5. Mode(s) Used to Transport Hazardous Materials**  Highway  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       Not a SBA Small Business

c) Not-for-Profit Organization under 26 U.S.C. 501(a)  Yes  No

**7. Registration Period**

**From July 1, 20\_\_\_\_, To June 30, 20\_\_\_\_**

**8. Registration Fees**

See Table of Fees on page 7. All fees include the appropriate processing fee.

Total Amount Due for this Registration \_\_\_\_\_

Please 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."

**Credit and debit cards are accepted online only.**

**If you need further assistance, please call 1-800-942-6990.**

**9. Prior-Year Survey Information.** Mark all categories and activities engaged in during the previous calendar year (e.g., 2018 for the 2019-2020 Registration Year) and the state(s) in which you operated (see instructions).

Category	Activity Offered or transported in commerce;	Mark all that apply "X"		
		Shipper	Carrier	Other (Freight Forwarder, Agent, etc.)
A <input type="checkbox"/>	a highway route controlled quantity of a Class 7 (radioactive) material.			
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.			
C <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).			
D <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.			
E <input type="checkbox"/>	a shipment, in other than a bulk packaging, of 2,268 kilograms (5,000 pounds) gross weight or more of one class of hazardous material (including hazardous wastes) for which placarding of a vehicle, rail car, or freight container is required.			
F <input type="checkbox"/>	a shipment of a quantity of hazardous material (including hazardous wastes) that requires placarding of the bulk packaging, freight container, unit load device, transport vehicle, or rail car, other than those included in A through E above. Activities performed by farmers are generally excepted. See 49 CFR 107.601(b)			

G  Did not engage in any of the activities listed in A through F during the previous calendar year.

Select States in which any of the above were engaged in during the past calendar year (see instructions).

AL AR AZ CA CO CT DE FL GA ID IL IN IA KS KY LA MA MD ME MI MN  
 MO MS MT NC ND NE NH NJ NM NV NY OH OK OR PA RI SC SD TN TX UT  
 VT VA WA WV WI WY 48 Contiguous States AK AS DC GU HI MP PR VI

**10. Certification of Information.** I certify that, to the best of my knowledge, the above information is true, accurate, and complete.

Certifier's Name \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
 (Print clearly)

E-mail \_\_\_\_\_

Certifier's Signature \_\_\_\_\_ Date \_\_\_\_\_

FALSE STATEMENTS MAY VIOLATE FEDERAL LAW (18 U.S.C. 1001).

<b>MAIL COMPLETED FORM WITH PAYMENT TO:</b>	Standard Remittance Address: DOT - Haz Mat P. O. Box 6200-01 Portland, OR 97228-6200
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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.