



OREGON DEPARTMENT OF TRANSPORTATION
 MOTOR CARRIER TRANSPORTATION DIVISION
 3930 FAIRVIEW INDUSTRIAL DRIVE SE
 SALEM OR 97302-1166
 FAX (503) 373-7481

OREGON RADIOACTIVE MATERIALS TRANSPORT PERMIT APPLICATION

TYPE OF APPLICATION

NEW CARRIER
 RENEWAL
 ADDRESS CHANGE
 NEW PHONE NO. () _____
 OWNERSHIP CHANGE
 NAME CHANGE
 _____ PREVIOUS NAME, IF CHANGED

FILE NUMBER	SUB	BUSINESS NAME OF CARRIER	
TELEPHONE NUMBER ()		NAME & TITLE OF CONTACT PERSON	
CARRIER MAILING ADDRESS		CITY	ST ZIP
CARRIER STREET ADDRESS (IF DIFFERENT THAN ABOVE)		CITY	ST ZIP
EPA HWT NO.		US DOT ID NO.	

TYPE OF OWNERSHIP

INDIVIDUAL
 CORPORATION INCORPORATED IN THE STATE OF _____
 PARTNERSHIP
 OTHER

LIST FULL NAME(S) AND TITLE(S) OF INDIVIDUAL, ALL PARTNERS OR CORPORATE OFFICERS

LAST	FIRST	M.I.	TITLE

TYPE OF OPERATION

INTRASTATE
 INTERSTATE
 FOR HIRE
 PRIVATE CARRIER

TYPE OF RADIOACTIVE MATERIAL TRANSPORTED

ESTIMATE THE ANNUAL NUMBER OF SHIPMENTS IN THE CATEGORY WHICH BEST DESCRIBES THE SHIPMENTS.

_____ RADIOACTIVE WASTE, LOW SPECIFIC ACTIVITY
 _____ HIGHWAY ROUTE CONTROLLED QUANTITIES REQUIRING ADVANCE NOTIFICATION (PURSUANT TO CFR 10, SECTIONS 71 AND 73)
 _____ RADIO PHARMACEUTICAL, RADIOGRAPHIC MATERIALS, WELL-LOGGING RADIOACTIVE MATERIALS
 _____ OTHER RADIOACTIVE MATERIAL FOR WHICH A PLACARD IS REQUIRED
 _____ OTHER; DESCRIBE: _____

	LIABILITY INSURANCE COMPANY NAME (NOT AGENT)	LIABILITY POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE	LIABILITY LIMITS
A					
B					

OREGON HIGHWAYS & ROADS USED

INTERSTATE 5
 INTERSTATE 82
 INTERSTATE 84
 INTERSTATE 205
 US 20
 US 26
 US 97
 COUNTY ROADS
 STATE HWYS (SPECIFY) _____

FREQUENCY OF SHIPMENTS

DAILY
 WEEKLY
 MONTHLY
 OTHER _____

24 - HOUR EMERGENCY NUMBER IN EVENT OF ACCIDENT: () _____

CERTIFICATION: I HEREBY CERTIFY THAT THE STATEMENTS CONTAINED IN THIS APPLICATION ARE TRUE AND CORRECT; AND I FURTHER CERTIFY KNOWLEDGE OF APPLICABLE FEDERAL AND STATE SAFETY RULES, REGULATIONS, STANDARDS AND ORDERS, AND DECLARE ALL OPERATIONS WILL BE CONDUCTED IN COMPLIANCE WITH ODOT AND ODOE REQUIREMENTS.

SIGNATURE OF OWNER, PARTNER OR CORPORATE OFFICER _____