OREGON DEPARTMENT OF TRANSPORTATION
COMMERCE AND COMPLIANCE DIVISION
3930 FAIRVIEW INDUSTRIAL DR SE
SALEM OR 97302-1166
FAX (503) 373-7481

RESET PRINT

OREGON RADIOACTIVE MATERIALS TRANSPORT PERMIT APPLICATION

TYPE OF APPLICATION

☐ NEW CARRIER ☐ RENEWAL ☐ ADDRESS CHANGE ☐ NEW PHONE NO. _____ INCLUDE AREA CODE

☐ OWNERSHIP CHANGE ☐ NAME CHANGE _____ PREVIOUS NAME IF CHANGED

APPLICANT INFORMATION

FILE NUMBER	SUB	BUSINESS NAME OF CARRIER		
TELEPHONE NUMBER	CONTACT PERSON		CONTACT PERSON TITLE	
CARRIER MAILING ADDRESS	CITY	STATE	ZIP CODE	
CARRIER MAILING ADDRESS (IF DIFFERENT FROM ABOVE)	CITY	STATE	ZIP CODE	

TYPE OF OWNERSHIP

☐ INDIVIDUAL ☐ PARTNERSHIP ☐ OTHER ☐ CORPORATION _____ STATE OF INCORPORATION:

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

LAST	FIRST	M.I.	TITLE
LAST	FIRST	M.I.	TITLE
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

	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: _____ INCLUDE AREA CODE

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	PRINT NAME	DATE

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