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**

**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
- [ ] PARTNERSHIP
- [ ] OTHER

**INTEGRAL IN THE STATE OF**

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

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<th>LAST</th>
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<th>M.I.</th>
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**TYPE OF OPERATION**
- [ ] INTRASTATE
- [ ] INTERSTATE
- [ ] FOR HIRE
- [ ] PRIVATE CARRIER

**TYPE OF RADIOACTIVE MATERIAL TRANSPORTED**

- [ ] 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:

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<tr>
<th>LIABILITY INSURANCE COMPANY NAME (NOT AGENT)</th>
<th>LIABILITY POLICY NO.</th>
<th>EFFECTIVE DATE</th>
<th>EXPIRATION DATE</th>
<th>LIABILITY LIMITS</th>
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**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**

FORM 735-9699 (1-17)

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