



OREGON DEPARTMENT OF TRANSPORTATION  
 COMMERCE AND COMPLIANCE DIVISION  
 455 AIRPORT ROAD SE BUILDING A  
 SALEM OR 97301  
 FAX (503) 373-7481

# 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

## 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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