

Permits Plus Inc. Haz Mat Registration Questionnaire

1-877-722-8059

Fax 1-540-966-2175

Company Name:_____

Address:_____

City_____County_____State_____Zip_____

FID # _____USDOT # _____MC# _____

Contact Person:_____Phone Number_____

Fax Number_____

Describe in detail your company's operation:

Number of employee's _____

Gross Income for Previous Fiscal Year \$_____

() Check here if you did not transport any Hazardous Materials in the previous calendar year.

If you did transport hazardous materials in the previous calendar year complete the following:

List method of transport: () Highway () Rail () Bulk Transport () Packages

If transported in bulk packaging list tanker or hopper capacity _____

List the Haz Mat Classification(s) of all hazardous materials transported during the previous calendar year:

List all states in which these operations took place: _____

For companies defined as a small business (Gross receipts less than \$18 million in most cases) the annual renewal fee will be \$410. (You will be contacted if your business does not fall in the small business category and will therefore incur a higher regulatory fee)

Please complete the following credit card authorization or bank account debit information to complete your renewal:

Credit Card Authorization:

Cardholder Name_____

Billing Address:_____

Card Type: () Visa () Mastercard () American Express () Discover Card
Number_____

Expiration Date_____

Total Amount to Be Charged \$410.00

Bank Account Authorization:

Routing Number _____ Account Number _____

You are hereby authorized to charge my credit card or debit my bank account as listed for the full amount of \$410. I am aware that once service has been rendered I am fully and unconditionally liable for payment.

Authorized Card Holder Signature:

_____ Date:_____