

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 \$395. (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*** \$395.00

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 \$395. I am aware that once service has been rendered I am fully and unconditionally liable for payment.

Authorized Card Holder Signature:

_____ ***Date:*** _____