

ANNUAL ROAD AND RAIL
TRANSPORTATION OF OIL AND HAZARDOUS MATERIALS
REGISTRATION FORM

Company Name: _____

Headquarters Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Fax #: _____

Contact Person: _____ Telephone #: _____

Address (if different from above)

Telephone #: _____ Fax #: _____

E-mail Address: _____

Company is registering for (Check all situations that apply):

_____ Highway transportation of oil in inland areas

_____ Rail transportation of oil in inland areas _____ Rail transportation of hazardous materials

Mailing address to send billing form (if different from mailing address above):

Street Address: _____ City: _____

State: _____ Country: _____ Zip: _____

"I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. "

Signature of Company Official Date: _____

Printed Name & Title

MAINE DEPARTMENT OF ENVIRONMENTAL PROTECTION
Bureau of Remediation and Waste Management
Division of Oil & Hazardous Waste Facilities Regulation
17 State House Station
Augusta, ME 04333-0017

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