



BOE Membership Application

Membership Application Instructions

In order for the Bureau of Explosives (BOE) to have all of your information current and accurate, this application **MUST be filled out as instructed below. All plant locations desiring membership under the specified company headquarters must be filled out in this form.**

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1. Please indicate number of years desired for membership and whether this is a new or renewal membership. Membership period begins upon receipt of payment rather than by calendar year.
2. Please fill out your company headquarters contact information completely.
3. To receive copies of individual plant inspection reports please check the appropriate boxes.
4. Please designate how billing for plant activities should occur.
5. Please specify Bureau of Explosives Tariff No. BOE-6000 subscription format. BOE Membership automatically provides a complimentary subscription to the Bureau of Explosives Tariff No. BOE-6000, which will be sent to the company headquarters listed on the application. BOE Membership entitles your company to reduced prices for all BOE Publications (www.boepublications.com)

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6. Please fill out EACH plant that will be covered under your company's membership. If additional space is required, please use as many copies of these pages as necessary.
7. If your company headquarters is also a plant, please fill out its information in this section as well.
8. Please identify any special requirements for each plant. (Examples include: mo/yr of inspection and/or training)

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9. Please indicate proper billing information for BOE Membership.

Please return this form to:

**Viola Arguello
Bureau of Explosives, TCI
Phone/Fax: 719-585-1895
Email: boeadm@aar.com**

NOTE: All plants under the specified company headquarters are covered in the membership.



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Bureau of Explosives
Transportation Technology Center, Inc.
55500 DOT Road
Pueblo, CO 81001
Phone/Fax: 719-584-7151
Email: boeadm@aar.com

Date _____

Type of Membership:

- | | |
|--|---|
| <input type="checkbox"/> One Year \$560.00 | <input type="checkbox"/> New Membership |
| <input type="checkbox"/> Two Years \$940.00 | <input type="checkbox"/> Renewal |
| <input type="checkbox"/> Three Years \$1160.00 | |

Company Headquarters Contact Information

Company Name: _____

Contact Name: _____ Title: _____

Physical Address: _____ P.O. Box: _____

City: _____ State/Province: _____ Zip or Postal Code: _____

Email: _____ Office Phone: _____ Fax: _____

Cell Phone: _____

Do you wish to receive Copies of Individual Plant Inspection Reports?

- | | | | |
|------------------------------|-----------------------------|------------------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Via Email | <input type="checkbox"/> Via Regular Mail |
|------------------------------|-----------------------------|------------------------------------|---|

Special Billing Instructions: _____

- | | |
|--|--|
| <input type="checkbox"/> Invoice Plants Directly | <input type="checkbox"/> Send All Invoices to Headquarters Contact |
|--|--|

Complimentary Subscription to BOE Tariff No. 6000: (Please select one)

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Bureau of Explosives Tariff No. BOE-6000 CD reissued each quarter (CD includes 2004 Emergency Response Guidebook and Transport Canada's Dangerous Goods regulations) |
| <input type="checkbox"/> | Bureau of Explosives Tariff No. BOE-6000 Bound, supplemented each quarter. |

Any Additional Comments or Special Instructions:



BOE Membership Application

Plant Name: _____

Contact Name: _____

Title: _____

Physical Address: _____ P.O. Box: _____

City: _____ State/Province: _____

Zip or Postal Code: _____ Email: _____

Office Phone: _____ Fax: _____ Cell: _____

Special Requirements/Requests: _____

Plant Name: _____

Contact Name: _____

Title: _____

Physical Address: _____ P.O. Box: _____

City: _____ State/Province: _____

Zip or Postal Code: _____ Email: _____

Office Phone: _____ Fax: _____ Cell: _____

Special Requirements/Requests: _____



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Plant Name: _____

Contact Name: _____

Title: _____

Physical Address: _____ P.O. Box: _____

City: _____ State/Province: _____

Zip or Postal Code: _____ Email: _____

Office Phone: _____ Fax: _____ Cell: _____

Special Requirements/Requests: _____

Plant Name: _____

Contact Name: _____

Title: _____

Physical Address: _____ P.O. Box: _____

City: _____ State/Province: _____

Zip or Postal Code: _____ Email: _____

Office Phone: _____ Fax: _____ Cell: _____

Special Requirements/Requests: _____



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Plant Name: _____

Contact Name: _____

Title: _____

Physical Address: _____ P.O. Box: _____

City: _____ State/Province: _____

Zip or Postal Code: _____ Email: _____

Office Phone: _____ Fax: _____ Cell: _____

Special Requirements/Requests: _____

Plant Name: _____

Contact Name: _____

Title: _____

Physical Address: _____ P.O. Box: _____

City: _____ State/Province: _____

Zip or Postal Code: _____ Email: _____

Office Phone: _____ Fax: _____ Cell: _____

Special Requirements/Requests: _____



BOE MEMBERSHIP APPLICATION

Upon receipt of your membership application, you will receive a Bureau of Explosives Certificate of Membership and a complimentary copy of the Bureau of Explosives Tariff No. BOE-6000.

Please remit payment to:

The Transportation Technology Center, Inc.
Bureau of Explosives Membership
P. O. Box 11130
55500 DOT Road
Pueblo, CO 81001

The Bureau of Explosives accepts MasterCard, Visa, and Discover credit cards.
PLEASE NOTE WE NO LONGER ACCEPT AMERICAN EXPRESS.

Please include the following information with your payment.

Check #: _____ **Purchase Order #:** _____

Credit Card #: _____

Credit Card Type: _____ **Expiration Date:** _____

Cardholder's Printed Name: _____

Phone Number: _____

If you have any questions, please contact Viola Arguello at (719) 584-7151