



BOE 2006 Membership Application

Bureau of Explosives
Transportation Technology Center, Inc.
55500 DOT Road
Pueblo, CO 81001
Phone: 719-584-7159 Fax: 719-585-1895
Email: BOE@aar.com

Date _____

Type of Membership:

- | | | |
|--------------------------|------------|-----------|
| <input type="checkbox"/> | One Year | \$450.00 |
| <input type="checkbox"/> | Two Year | \$760.00 |
| <input type="checkbox"/> | Three Year | \$1050.00 |

Company Name: _____

Contact Name: _____

Title: _____

Physical Address: _____ **P.O. Box:** _____

City: _____ **State/Province:** _____

Zip or Postal Code: _____ **Email:** _____

Office Phone: _____ **Fax:** _____

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

- Yes No By Email Please Mail Hard Copy

Special Billing Instructions: _____

- Invoice Plants Directly Send All Invoices to Headquarters Contact

Any Additional Comments or Special Instructions:

Please List Individual Plant Information on the Additional Pages as Necessary



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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:** _____

Plant Name: _____

Contact Name: _____

Title: _____

Physical Address: _____ **P.O. Box:** _____

City: _____ **State/Province:** _____

Zip or Postal Code: _____ **Email:** _____

Office Phone: _____ **Fax:** _____

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Zip or Postal Code: _____ Email: _____

Office Phone: _____ Fax: _____

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 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, American Express, Discover and Diners Club credit cards. 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 Patrick Pierce at 719-584-7159