



BOE 2007 Membership Application

Membership Application Instructions

In order for the BOE to have all of your information current and accurate we need the application to be filled out as instructed below. Understand that all plants desired to have membership under this specified company head quarters must be filled out in this form.

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1. Please fill out with the company head quarters information completely.
2. Please indicate number of years desired and whether this is a new membership or renewal membership.
3. To receive copies of individual reports please check the appropriate box and please indicate where you would like the billing to be sent.
4. Please indicate Complimentary Subscription to BOE Tariff 6000 – Your BOE Membership automatically entitles your company to reduced prices for all BOE Publications (boepublications.com) and a complimentary BOE Tariff 6000 which will be sent to the company headquarters listed on this application. Please indicate which format is preferred either CD or Bound hard copy.

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5. Please fill out with all plants that will be covered under this company head quarters.
6. If your company head quarters are also a plant please fill out the information in this section.
7. Please indicate all plants wanting to be covered by this membership.

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9. Billing information needs to be filled out completely.

Please return this form to

Matt Forister
Bureau of Explosives, TTCI
Fax: 719-585-1895
Phone: 719-584-0749
Email: matt_forister@aar.com

*** Note: All plants under the specified company head quarters are covered in the membership.**



BOE 2007 Membership Application

Bureau of Explosives
Transportation Technology Center, Inc.
55500 DOT Road
Pueblo, CO 81001
Phone: 719-584-0749 Fax: 719-585-1895
Email: boe@aar.com

Date _____

Type of Membership:

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

Company Head Quarters 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?

- Yes No By Email Please Mail Hard Copy

Special Billing Instructions: _____

- Invoice Plants Directly Send All Invoices to Headquarters Contact

Complimentary Subscription to BOE Tariff 6000:

- BOE Tariff 6000 CD reissued each quarter (CD includes 2004 Emergency Response Guidebook and Transport Canada's Dangerous Goods regulations)
- BOE Tariff 6000 Bound, supplemented each quarter.

Which of the following best describes your company?

- Trucking Industry Railroad Chemical Industry Other

Any Additional Comments or Special Instructions:



BOE 2007 Membership Application

THE 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: _____

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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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:** _____

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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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:** _____

Plant Name: _____

Contact Name: _____

Title: _____

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

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

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

Office Phone: _____ **Fax:** _____



TM

Plant Name: _____

Contact Name: _____

Title: _____

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

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

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 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 Matt Forister at 719-584-0749