



# ***BOE Membership Application***

## **Membership Application Instructions**

**In order for the Bureau of Explosives (BOE) to have all of your information current and accurate, the application **MUST** be filled out as instructed below. Understand that all plants desired to have membership under the specified company headquarters **MUST** be included on this form.**

### **Page 1**

1. Please indicate number of years desired for membership and whether this is a new or renewal membership.
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 BOE Tariff 6000 subscription format – BOE Membership automatically provides a complimentary subscription to BOE Tariff 6000, which will be sent to the company headquarters listed on this application. BOE Membership also entitles your company to reduced prices for all BOE Publications (boepublications.com).
6. Please indicate your company's industry.

### **Page 2 – 4**

7. Please fill out EACH plant that will be covered under your company headquarters. If additional space is required, please use as many copies of these pages as necessary.
8. If the company headquarters is also a plant, please fill out its information in this section as well.

### **Page 5**

9. Please indicate proper billing information for BOE Membership.

### **Please return this form to:**

**Sam Chapman  
Bureau of Explosives, TCI  
Fax: 719-585-1895  
Phone: 719-584-0749  
Email: [boeadm@aar.com](mailto: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: 719-584-0749 Fax: 719-585-1895  
Email: boeadm@aar.com

Date \_\_\_\_\_

## Type of Membership:

- |  |                                  |
|--|----------------------------------|
| <input type="checkbox"/> One Year \$500.00     | <input type="checkbox"/> New     |
| <input type="checkbox"/> Two Years \$840.00    | <input type="checkbox"/> Renewal |
| <input type="checkbox"/> Three Years \$1050.00 |                                  |

## 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?

- Yes     No     By Email     By Regular Mail

Special Billing Instructions: \_\_\_\_\_

- Invoice Plants Directly     Send All Invoices to Headquarters Contact

### Complimentary Subscription to BOE Tariff 6000: (Please select one)

- BOE Tariff 6000 CD reissued each quarter (CD includes the 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 Industry     Chemical Industry     Other

Any Additional Comments or Special Instructions:

\_\_\_\_\_



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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 Phone: \_\_\_\_\_

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**Zip or Postal Code:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
**Office Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

Upon receipt of your membership application,  
you will receive a Bureau of Explosives Certificate of Membership  
and a complimentary copy of the BOE Tariff 6000.

**Please remit payment to:**

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 Sam Chapman at 719-584-0749**